within 24 hours after death age 4 may be retained by the hospital or attending physician.

OFUMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

TO He TO FU VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11051

1 1					
	1. PLACE OF DEATH s. COUNTY Wicomico	2. USUAL RESIDENCE (Where decassed lived, If institution, Residence before edmission) a. STATE Manual and b. COUNTY			
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b				
	Salisbury 2451 days	Cambridge			
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   o. IS RESIDENCE			
1	Deer's Head State Hospital	RFD 1 ON A FARM?			
	3. NAME OF First Middle DECEASED (Type or print) William	Abbott Dearth October 3 19 61			
		Abbott DEATH October 3 19 61.  DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.			
		Oct. 1884 77 yrs. Months Days Hours Min.			
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				
	Waterman Fishing	Deal Island, Md. U.S.A.			
	Unknown  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. EL	Unknown NFORMANT Addrass			
	(Yas, no, or unkown) (Ifyasgivawarordatasofsarvica)	NFORMANT Addrass			
		mpbell Robbins Robbins, Maryland			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH			
	IMMEDIATE CAUSE (a) Cerebral thrombo	Osis 2 weeks			
	DUE TO				
	Conditions, if any, which \ (b) Generalized arte	eriosclerosis 10 years			
	gava rise to immadiate cause DUE TO				
	cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
	Diabetes mellitus	YES NO X			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter natura of injury in Part I or Part II of itam 18.)			
		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) ory, streat, offica bldg., atc.)			
1	21. I certify that (I) (this hospital) attended the deceased from	Jan. 17, 19.55 to Oct. 3, 1961, that (I) (we) last			
	saw the deceased alive op 09 2 19 61, and that	death occured atM, from the causes and on the date stated above.			
	22a. SIGNATURE				
	Lud Lawry M.	D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. P			
	22c. PHYSICIAN Lee L. Lawry, M. D.	Deer's Head State Hospital; Salisbury, Md.			
	238. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY C	DR CREMATORY 23d. LOCATION (City, town or county) (Stata)			
	Burial (Spacify) Oct. 6, 1961 Sandy Island	Cemetery Andrews, Md.			
)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
1	LeCompte Funeral Service Cambridge, Md.	DATEOCT 6 '61 Cilling & Turus			

....

det. 1834 M. M. Cook I Talable, Med. and the second of the second of the second int. o, limit tende telegrape entered dell' co. ion LeConote Puneral Service Cameridge, Md.

VR A15 (4) 15M 9/60 1. PLACE OF DEATH

#### MARYLAND STATE DEPARTMENT OF HEALTH

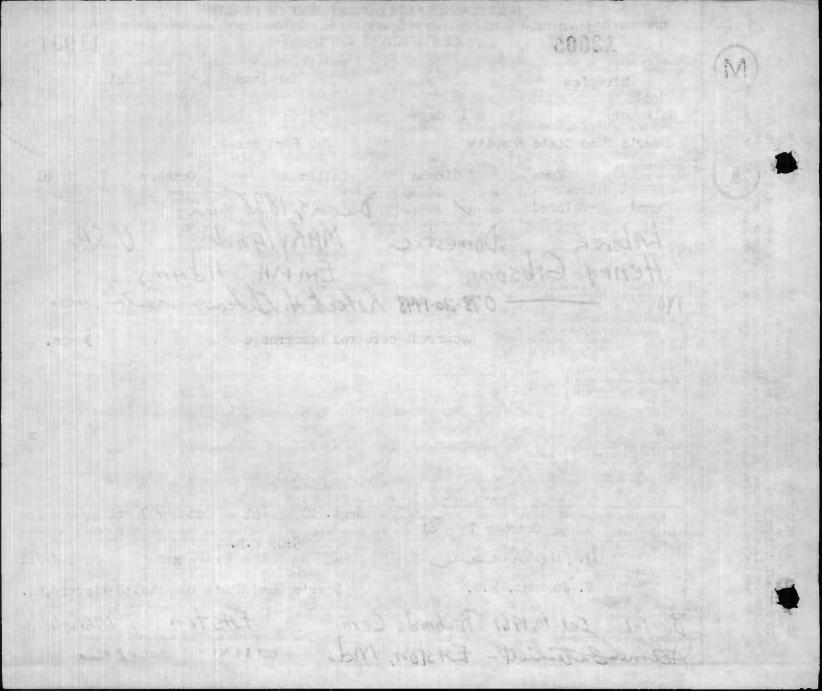
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12005

CERTIFICATE OF DEATH

II 2 IISII BL. RESIDENCE (Where deceased lived if institution, Pasidence before

a. COUNTY		a. STATE Management		b. COUNTY	01 7 1		/
Wicomico	MARYLAND	Mary	yland		Talbot		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporata	limits, writa RURAL	and give ne	arest town)	-
Salisbury	17 days	Easton			10-	3 13 -	-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS				e. IS RESID	
Deer's Head State Hospi	tal	202 Por	t Street			YES NO	ARM?
3. NAME OF First	Middle	Last	4. DATE OF	Month	Day	Year	
(Type or print) Emma	Gibson	Allen	DEATH	October	7	19 6	51
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 1 8.	DATE OF BIRTH		E (In years   IF UND	ER 1 YEAR	F UNDER 24	HRS.
Female   Colored   WIDOWE		Dec. 25, 18	898 6	birthday) Months	Days	Hours A	Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE Coun	sty & State, or foreig	gn country) 12.	CITIZEN OF	WHAT COU	INTRY?
FA bore R ()	amostic.	MAKY	land		(1. J.	4,	
13. FATHER'S NAME	01.05	14. MOTHER'S MAIDEN	NAME N	1	.,		
Henry Gibson		FMM	AH	JAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16.	SOCIAL SECURITY NO.   17. II	MFORMANT,	11	Address		-	
(Yas, Ac. or unkown) (If yes give war or dates of service)	72-20-1449 K	do. 411	17:1	- Ga	Tan.	mol.	
18. CAUSE OF DEATH [Enter only one cause per l	13-40-1770	oreal A.	Juston	- 200	L INITE	RVAL BETWE	Chi
PART I. DEATH WAS CAUSED BY:						ET AND DEA	
IMMEDIATE CAUSE (a)	Recurrent cere	bral hemorrh	nage			min.	
33/X DUE TO							
Conditions, if any, which \ (b)							
gave rise to immediate cause							
(a), stating the underlying cause last.							
(c)	ITPIRUTING TO DEATH BUT NO	PELATED TO THE TERMIN	NAI DISEASE CON	DITION GIVEN IN PA	APT 1(a) 10	WAS AIITO	OPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTION TO SEATING SOFT TO	I KLEATED TO THE TERMIN	THE DISERSE COST			PERFORM	ED?
<u> </u>					YE	S NO	X
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED.	(Enter nature of injury in	Pert I or Part II of ile	em 18.)			
0		CE OF INJURY (Home, farm		own) (C	County)	(Ste	te)
Hour a.m. While	1101 111110	ry, street, office bldg., etc.	•1				
	hand	Sont 20	10 67 . 0	otobon 7	1067	. (1) (	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
21. I certify that (I) (this hospital) attended							
saw the deceased alive on. October	7 19 61, and that			causes and or	n the date		
22a. SIGNATURE			MED. S	TAFF		22b. D.	IGNED
Vifueru	eru M.	U. L.J	DIRECTOR PI	HYS. 🛣		10/9	/61
22c. PHYSICIAN'S NAME (Type) T THERMAN M	2	22d. ADDRESS					
V. Juerman, M.	D.	Deer's He	ead State	Hospital	;Salis	sbury,	Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C			N (City, town or col		(State)	
REDOVAL (Specify)	Richarde C	m	FAC.	ton	mi	ORula	nd
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESSI	1 25a DEC	C'D BY REGISTRAR	256. REGISTRAR	'S SIGNATI	IRF	
The state of the second	Fush 1	vn /	NOT 4 4 104				
Atlinos Weshiely-	LHJON, 1	PICE DATE	OCT 1 1 '61	Circling	S. The	u.A	



TO HO FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executive within 24 hours after a death. \*3e 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completes, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be better of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 0 R 12

15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND L2006 CERTIFICATE OF DEATH

)	1. PLACE OF DEATH	ARRIED NEVER MARRIED S. DATE OF BIRTH  TANCE  ARRIED DIVORCED DIVORCED DIVORCED DIVORCED TO DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part III of item 18.)  ARRIED NAME OF SON.  ARRIED NEVER MARRIED S. DATE OF BIRTH  J. AGE (In years JIF UNDER 1 YEAR IF UNDER 24 HRS. Is under 25 Hours Mia.  Months Day Year  J. AGE (In years JIF UNDER 1 YEAR IF UNDER 24 HRS.  Months Day Hours Mia.  Address  Address  Address  Months Day Hours Mia.  Months D			
/		MARYLAND  Side corporate limits,  nearast lown)  C. LENGTH OF STAY IN 1b  C. LENGTH OF STAY IN 1			
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	CITY OR TOWN (If outside corporate limits, write RURAL and	give naarast town)		
		DEAL LSLAN	0		
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	MARRYLAND OF STAY IN 1b OCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  OF EKS  OF AL  OSTREET ADDRESS  AMARRIED  ADATE OF BERTH OF DEATH ONSE AND DEATH ONSE AN			
0	PENINSULA GENERAU HOSPITAL	ATTENDATE			
	3. NAME OF First Middle		Day Year		
	(Type or print) BARHARA TONE H	DERTH T	26, 1961		
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y			
a. COUNTY  WICOMICO  b. CITY OR TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give nearest town  ALLY ON TOWN If dushide corporals limits, write RURAL and give RURAL And					
	10a. USUAL OCCUPATION (Giva kind of work   1Db. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (County & State, or foreign country)   12. CITIZ	EN OF WHAT COUNTRY?		
	MACHINE OF CRATER GARMENT INDUST	TRY MARYLAND	1.5.1		
	13. FATHER'S NAME	14. MOTHER'S MAIDIN NAME			
1	LEVIN ANDERSON	FLORIS WILLING			
	(198, no, or unkown), (tryes give war or datas of sarvice) UNKNOWN	EVIN HNDERSON - DEAL	ISLAND ML		
	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]				
		ome			
	DUE TO				
	Conditions, if any, which ) (b) O seogenic Darc	coma left thick	4 mo		
	gava risa to Immadiata causa				
	(a), stating the underlying				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(a) 19. WAS AUTOPSY		
PI,	ATA		and the same		
	2Da. ACCIDENT WAS UNDERLYING     2Db. DESCRIBE HOW INJURY OCCURED	D. (Enter natura of injury in Part I or Part II of item 18.)			
	OF CONTRIBUTING [] CAUSE OF DEATH				
	3 20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2Da. PL		ly) (Stata)		
	Hour a.m. While Not While at work at work	tory, streat, offica blog., arc.)			
		50 Lovey 1961 to 2000 196	L. that (I) (we) last		
		123			
1			22b. DATE		
	Jacob (F-Lacy CO)	The state of the s	X 6/ SIGNED		
		22d. ADDRESS			
	NAME (IYPS)				
-	RENTSULAR GENERAL HOSPITAL  3. NAME OF DECERSED (Type or print)  3. NAME OF DECERSED (Type or print)  3. DATE OF BIRTH  4. DATE Month  5. SEX  5. GC. COLOR OR RACE 7. MARRIED   NEVER MARRIED				
,	Bury 10-29-61 ST. JOHN	C ERIGIT OF STAY IN 16  SUPER SUPER AND LANGUAGE CORPORATE (Imitity, with RURAL and give maneral town)  SUPER SUPER AND LANGUAGE CONTRIBUTION (If not in hospitals), give treat address)  SUPER SUPER AND LANGUAGE CONTRIBUTION (If not in hospitals), give treat address)  ACCITY OR TOWN (If outlide corporate limity, with RURAL and give maneral town)  SUPER SUPER SUPER CONTRIBUTION (If not in hospitals), give treat address)  ACCITY OR TOWN (If outlide corporate limity, with RURAL and give maneral town)  SUPER S			
5	24 NUNSKAL DIRECTOR'S SIGNATURE ADDRESS	MATE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE		
-	1), Webster Deal Isla	DANOV 3 '61 Chelma 8. Ki	ialla		

The state of the s Sween Deal Island Senson many - wash wind the Markey GERMAN GARMENT HOUSE MORY LAND FLERIN FINDERSON FLERIS WILLING Me MAKASCHA TENNA HADESTON - DESKLIGHED NOW The state of the s GREEN WEST OF STATISHED THERE THERE IS CAR ISLAND MP 

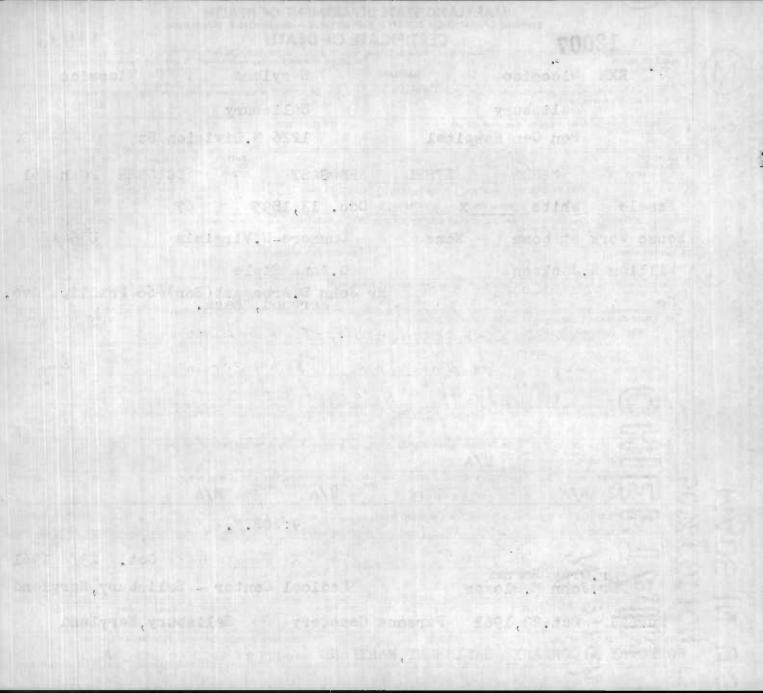
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16001	Itam & Film G	208 10/26/61 :	12000
PLACE OF DEATH o. COUNTY XXX WICOMICO	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reformation on STATE Maryland b. COUNTY W	idence before admission)
TOOL TOOLIO			
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest town)		Salisbury	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give		d. STREET ADDRESS	e. IS RESIDENCE
OR INSTITUTION Pen Gen	Hospital	1226 N.Division St	YES NO A FARM?
NAME OF First DECEASED (Type or print) MAUDE	Middle ETHEL	ARBOGAST 4. DATE Month OF DEATH OCTOBE	
. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 1893 9. AGE (In years) IF UN lost birthdoy) Mon	IDER 1 YEAR IF UNDER 24 HRS.
Female White w	IDOWED DIVORCED	Dec. 13,1895 67 yrs.	ths Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12	CITIZEN OF WHAT COUNTRY?
House Work at Home	None	Dunmore-W. Virginia	USA
B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
William K.Jackson		G.Anna Siple	
S. WAS DECEASED EVER IN U. S. ARMED FORCES (18s, no, or unknown) (If yes, give wor or dates of service	16. SOCIAL SECURITY NO.	Norwood, Mass.	Phillips Ave
18. CAUSE OF DEATH   Enter only one couse	per line for (o), (b), and (c).]	107 11000	IINIEKANT RELAAFEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CON Sestive	HEART FAILURE	ONSET AND DEATH
DUE TO	, , , , ,	,	1
Conditions if any which	Noutreal à	K TACKY CAMPIA	2 days
gove rise to immediate	V NTICICIDIB	10011	0
lying couse lost.	Acute Ch.	le cystitis	
(-)-		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port 1 or Port II of item 18.)	
		LACE OF INJURY (Home, form, 20f. (City or town)	(County) (State
Haur o. m. N/A 19	While Not while fo	octory, street, office bldg., etc.) N/A N/A	
21. I certify that (I) (this haspital) a	attended the deceased fram.		9, that (I) (we) las
saw the deceased alive an	and that	death accorded drm, mannine eduses and an	the date stated above
If. Sray ku	r ms.	M.D. ATTENDING MED. STAFF DET.	SIGNED
22c. PHYSICIANDr. Gray Beeve NAME (Typer. John M. Bl	es .oxom	Medical Center - Salisk	ury, Maryland
36. BURIAL, CREMATION, 235. DATE THEREOF Oct. 23,1	23c. NAME OF CEMETERY C	Cemetery 23d. LOCATION (City, town, or courseless Salisbury, N	
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
HOLLOWAY & COMPANY	SALISBURY . MAR	RYLAND DATEOUT 2 4 '61 Collins	8 Kraus

TO HOST
May be dired by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled they have funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar remaval, and in ony event, within 72 hours after death. VR A1S (4) 1SM 9/S9



VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH  a. COUNTY  WICOMICO  MARYLAND  b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Deer's Head State Hospital  3. NAME OF DECEASED  (Type or print)  James  E.  2. USUAL RESIDENCE (Where deceesed lived, if institution: Residence before edmissic e. STATE  b. COUNTY  Maryland  Worcester  c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  Pocomoke  d. STREET ADDRESS  112 Oak St.  12 Oak St.  DEATE  OF  DEATH  OCTOBER 19-AGE (In yeers lif UNDER 19-KAR IF UNDER 24-KR IF U
WICOMICO  MARYLAND  b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Deer's Head State Hospital  3. NAME OF DECEASED (Type or print)  James  E. Maryland  Worcester  c. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  POCOMO KE  d. STREET ADDRESS  112 Oak St.  12 Oak St.  Ardis  Month  Dey Yeer  OF  DEATH  OCtober  27, 1961  9. AGE (In yeers   IF UNDER 14 PARK   IF UNDER 24 HR  Jast birthdey)  Maryland  Worcester  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  POCOMO KE  4. DATE  OF  DEATH  OCTOBER  19 AGE (In yeers   IF UNDER 14 PARK   IF UNDER 24 HR  Jast birthdey)  Maryland  Worcester  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  POCOMO KE  4. DATE  OF  DEATH  OCTOBER  19 AGE (In yeers   IF UNDER 14 PARK   IF UNDER 24 HR  Jast birthdey)  Maryland  Worcester  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  POCOMO KE  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  POCOMO KE  4. DATE  OF  DEATH  OCTOBER  19 AGE (In yeers   IF UNDER 14 PARK   IF UNDER 24 HR  Jast birthdey)  Maryland  Worcester  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  POCOMO KE  4. DATE  OF  DEATH  OF  DEATH  OCTOBER  19 AGE (In yeers   IF UNDER 14 PARK   IF UNDER 24 HR  Jast birthdey)  Maryland  Worcester  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  C. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)  ON A FARK  ON A FARK  ON A FA
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Deer's Head State Hospital  3. NAME OF DECEASED (Type or print)  James  E. Ardis  C. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)  POCOMOKE  d. STREET ADDRESS  112 Oak St.  PORT OWN (if outside corporete limits, write RURAL end give neerest town)  POCOMOKE  d. STREET ADDRESS  112 Oak St.  PORT OWN (if outside corporete limits, write RURAL end give neerest town)  POCOMOKE  4. DATE OF DEATH OCTOBER  19 AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HR  Never MARRIED   B. DATE OF BIRTH  POCOMOKE  19 AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HR  Never MARRIED   Marri
Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Deer's Head State Hospital  3. NAME OF DECEASED (Type or print)  James  E. Ardis  Pocomoke  d. STREET ADDRESS  112 Oak St.  And DATE OF DECEASED OF DEATH October 27, 1961  SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yeers   If UNDER 14 PAR   If UNDER 24 HR
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)  Deer's Head State Hospital  3. NAME OF DECEASED (Type or print)  James  E.  Ardis  Ardis  O. STREET ADDRESS  DATE OR Month Dey Yeer OF DEATH October  27, 1961  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HR  Sest   State   Stat
Deer's Head State Hospital    I
OF DECEASED (Type or print)  James E. Ardis DEATH October 27, 1961  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years last birthdey)   Months   Date
(Type or print)  James E. Ardis DEATH October 27, 19 61  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HR last birthdey)  Market Days  Hardis DEATH October 27, 19 61
Plate   William   Wildowed   Divorced   March 6, 1894   67 yrs.
e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTING the country   12. CITIZEN OF WHAT COUNTING the country   13. BIRTHPLACE (County & State, or foreign country)   14. CITIZEN OF WHAT COUNTING the country   15. CITIZEN
Carpenter Building Worcester Co., Maryland USA
FATHER'S NAME
Charlie Ardis Haddie Landing
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  os, no, or unkown)   (Ifyosgivewarordetesofservice)   16. SOCIAL SECURITY NO. 17. INFORMANT
No - 220-12-1910 Mrs Helen G. Ardis, Pocomoke City, Md
18. CAUSE OF DEATH [Enter only one cause partie for (e), (b), and (d.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) Checker One on vores 2 yr
332 X DUE TO Y
Conditions, if ony, which ) (b) Decretalized aligned allerion 10 yr
gave rise to Immediate cause (e), stating the underlying  DUE TO
couse losi. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
Phoeses of all all harlis
20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of Ilem 18.)  OR CONTRIBUTING   CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Hour e.m. WhileNot While Not While
p.m. 19 et work et work
21. I certify that (I) (this hospital) attended the deceased from Aug. 30,, 1961, to Oct. 27,, 1961, that (I) (we) I
saw the deceased alive op 27
22e. SIGNATURE 22b. DATI ATTENDING MED. STAFF SIGN
M.D. PHYS. DIRECTOR PHYS. 10/27/6
22c. PHYSTLAN S Deer's Head State Hospital
NAME (Type) Lee L. Lawry, M.D. Salisbury, Md.
BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OF THE CONTROL (City, town or county) (State)
Burial 10-29-61 First Baptist Pocomoke City, Maryland
ADDRESS 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Server Platson Pocomoke City, Margor 31'61
personal of the state of the st

122 (44) (5E) x (4) To 4001 6 Aggress Co., Randand A20-12-1510 Mrs Belen G. Andra. Faco L. Citt. Ma. Capital Statement General of the Continue of the Continue of the Charamatoric Contractor 10 . VS . San . In . OF . O all the same and t formed y de Destroyen about the second sec (A. C. 11 ... 22) Burial 10-29-51 First Santist . See note City, Mary Sant Thereto VIII altered recommon catery, Managara TO HO. ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. For 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

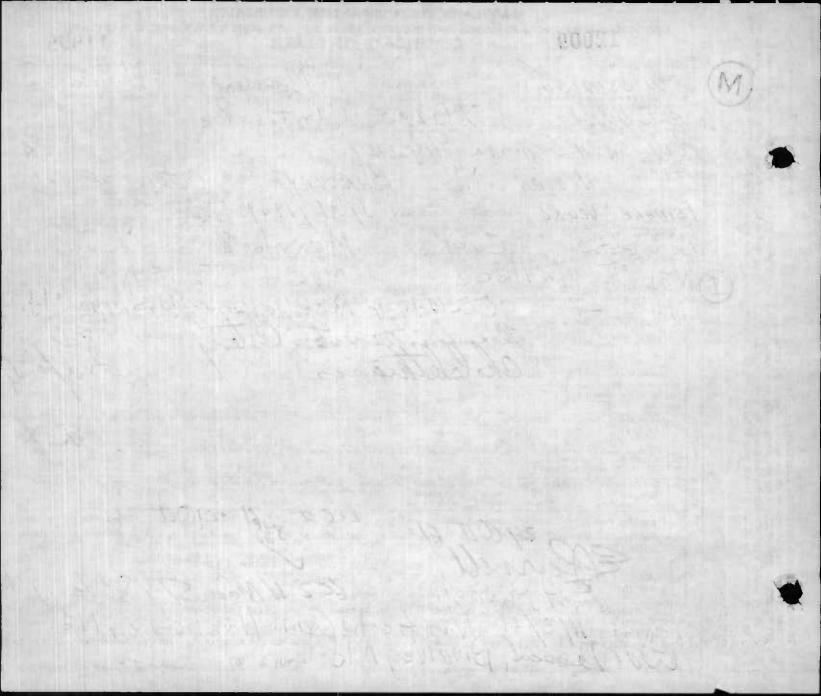
VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

11995

-/	1. PLACE OF DEATH a. COUNTY,	2. USUAL RESIDENCE (Where deceesed lived, If institution Residence before edmission)
$\Lambda$	111.	a. STATE MILE & B. COUNTY MICE MICE
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN, (If putside corporate limits, write RURAL and give nearest town)
	write RURAL and give neerast lown)	MI ICA
	SALISOURY / JUBYS	XIVanticika
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
R	HEIVINSUIA GENORAL HACKTON	YES NO
0	*3. NAME OF First Middle	Lest 4. DATE Month Day Year
	DECEASED //	OF D
	(Type or print) VIVIAN W B	PRCLAY DEATH OCTOBER 29, 1961
-11	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH / 9. AGE (In yeers   IF UNDER 1 YEAR   1F UNDER 24 HRS.
	remake NOGRO WIDOWED DIVORCED NO	7/3/19 Sirihdey Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (County & State, or foreign country)   12. CATIZEN OF WHAT COUNTRY?
	dogs during most of working life, even if retired)	MILA
	Loneste Look	11/21/10/1
	137 FATHER'S NAME	14. MOTHER'S MAJOEN NAME
T	Nm, E. Nallace	Marca Jaith
1		VFORMANT Adwess
	(Yes no or unkown) (If yes give war or detes of service)	Disallylling Nanderka Week
	18. CAUSE OF DEATH [Enter only one course per line for (e), (b), end (c).]	JOSE WELLER, 194 LICETTO
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) MORNING SO	sentere alex
	584 DUE TO A // //	
	Conditions, if eny, which \ (b) Molelle	210 / makin/
	gave rise to immediate cause	
	(e), steting the underlying DUE TO	
	ceuse lest. (c)	TOTALATED TO THE TERMINAL DISTASS CONDITION CHEMIND BART VALUES AND ADDRESS
1	ceuse lest. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEN.
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2	Couse lest,  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO.
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2	Couse lest, (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While Hour e.m. p.m. 19  21.   Certify that (I) (this hospital) attended the deceased from	(Enter neture of injury In Pert I or Part II of item 18.)  EE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) ry, street, office bldg., etc.)  A death occured at M., from the causes and on the date stated above. 22b. DATE
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Dey, Year While Not While et work  19 200. TIME OF INJURY Month, Dey, Year While et work  200. TIME OF INJURY Month, Dey, Year While et work  200. TIME OF INJURY Month, Dey, Year While et work  200. TIME OF INJURY Month, Dey, Year  While Not While et work  200. TIME OF INJURY Month, Dey, Year  While Not While et work  200. TIME OF INJURY Month, Dey, Year  201. Certify that (I) (this hospital) attended the deceased from  201. SIGNATURE	(Enter neture of injury In Pert I or Part II of item 18.)  EE OF INJURY (Home, ferm, ry, street, office bldg., etc.)  19 61, to 20 (County) (Stele)  ATENDING MED. STAFF SIGNED
2	Couse lest, (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While p.m. 19 20c. INJURY OCCURRED 20c. PLA facts of the p.m. 19 21. 1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on	(Enter neture of injury In Pert I or Part II of item 18.)  (E OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) (County), 19
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Dey, Year While Not While et work  19 200. TIME OF INJURY Month, Dey, Year While et work  200. TIME OF INJURY Month, Dey, Year While et work  200. TIME OF INJURY Month, Dey, Year While et work  200. TIME OF INJURY Month, Dey, Year  While Not While et work  200. TIME OF INJURY Month, Dey, Year  While Not While et work  200. TIME OF INJURY Month, Dey, Year  201. Certify that (I) (this hospital) attended the deceased from  201. SIGNATURE	(Enter neture of injury In Pert I or Part II of item 18.)  EE OF INJURY (Home, ferm, ry, street, office bldg., etc.)  19 61, to 20 (County) (Stele)  ATENDING MED. STAFF SIGNED
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2	Couse lest, (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Year While Not While et work et work et work 19 work et work 19 work 19 work 19 work 19 man and that  21.   certify that (l) (this hospital) attended the deceased from  saw the deceased alive on 19 man and that  22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)  23a. BURIAL, CREMATION, 23b., DATE THERFOF 23a. NAME OF CEMETERY (REMOVAL (Specify))	(Enter neture of injury In Pert I or Part II of item 18.)  CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele)  Ty, street, office bldg., etc.)  Attending Med. STAFF PHYS. DIRECTOR PHYS.   22d. ADDRESS  Mount Staff PHYS. SIGNED  22d. ADDRESS  Mann Staff PHYS. SIGNED  22d. ADDRESS  Mann Staff PHYS. SIGNED  22d. ADDRESS  Mann Staff PHYS. SIGNED
2	Cetify that (I) (this hospital) attended the deceased from  23a. BURIAL, CREMATION, 23b., Date thereof Removal. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OCCURED.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OCCURED.  20b. DESCRIBE HOW INJURY OCCURED.  20c. TIME OF INJURY Month, Dey, Year While Not While et work et work et work.  19  21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	(Enter neture of injury In Pert I or Part II of item 18.)  (Enter neture of injury In Pert I or Part II of item 18.)  (Enter neture of injury In Pert I or Part II of item 18.)  (County)  (Stele)  (Stele)  (Stele)  (Stele)  (Stele)  (Attending MED. STAFF PHYS. DIRECTOR PHYS. SIGNED  (County)  (Stele)  (County)  (Stele)  (Stele



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY 100 MICO MARYLAND by the b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give reperest town) c. LENGTH OF STAY IN 1b write RURAL and give neerest town) Salisbury FOVE Pages e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) ON A FARM? YES NO X 3. NAME OF DATE Yeer DECEASED OF СОШО (Type or print) DEATH 19 carbon 5. SEX OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. pirthdey) and Months Deys Hours MIn. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) 13. FATHER'S NAME à 14. MOTHER'S MAIDEN NAME gu 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? aften 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enler only one ceuse per line for (e), INTERVAL BETWEEN INSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying has ceuse lest. certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CONTRABUTING TO DEATH BUT NOT RELATED TO EREORMED? 0 NO Prior 20e. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) etached After 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 19 DIRECTOR: 19. (4), that (1) (we) last saw the deceased alive on..... 22b. DATE 22e. SIGNATURE ATTENDING MED. SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, death. 23c. NAME OF CEMETERY OR CREMATORY OCATION (City, town or county) (Stete) BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Spegify) A di 250. REOCTY REASTEAR 25b. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4), whim I Through 15M 9/60 DATE

Nov. 9, 1257 9 71 Jennie Leis COLDENS THE COLD WAS THE WAY Consider of Colon Contactor South bout the Redon't Statemen I to The Statemen & 19 49/01 11/4 1/21 Strict 10-27-61 St. May 12 Com. Marie Marie Starry addied of the Church, Varies

FOR STATE director. Page or your files. your o Boar State with the 2 with the pue s 1, 2, an age 5 m 1 and 2 72 hour in pencil in Item 18. Give Pages File pages form PM3. Office along burial-transit Examiner's pe need cremation, ease execute the certificate, writing the word Medical pinous Chief age 3 0 should be forwarded to the FUNERAL DIRECTOR: Pa prior should be 40 ò VS. A15ME

5M 7/59

CERTIFICATION

SIGNATURE

EXAMINER'S NAME (Type)

22a. BURIAL, CREMATION.

Burial 23. FUNERAL DIRECTOR

REMOVAL (Specify)

#### MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH 8 Film G297 17/6. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Wicomico MARYLAND Maryland Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Peninsula General Hospital DECEASED (Type or print) DEATH 9. AGE (In yeers | IF UNDER TYEAR 19 Frederick William Bertels 5. SEX IF LINDER 24 HRS 7. MARRIED NEVER MARRIED 1925 lest birthdey) Months Hours WIDOWED DIVORCED or foreign country) 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Cost Accounting Dulaney Foods New Jersev U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Fred J. Bertels Martha A. Kaestner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or detes of service) Mrs. Martha A. Bertels, Same 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Hemorrhage due to gunshot wounds of chest and abdomen if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? NO X 2De. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH. Shot self with 12 th 12 gauge shotgun. 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) et work | et work Salisbury Wicomico Md. home. ()wn Inspection V. Inquiry X. and in my opinion

21. I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Accident Suicide Y Homicide | Undetermined manner CHIEF MEDICAL EXAMINER [ ACTUAL DATE SIGNED

ASSISTANT MEDICAL EXAMINER M.D. L. Royer,

DEPUTY MEDICAL EXAMINER

10-9-61

Ave Salisbury Addraid Street, city, town, or county) 22d. LOCATION (City, town, or country)

Wicomico Memorial Park Salisbury, Maryland

Hill & Johnson Co. Salisbury, Maryland

10-10-1961

DATE OCT 1 3 '61

24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

Cathan & Kroug

ALUSTED L. L. DOT!

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TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after feath. 2 E VR A15 (4)

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12012 CERTIFICATE OF DEATH
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41	write RURAL end give neerest town)	THE COUNTY CONTROL CON	
	Salisbury	sbury 12	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)  d. STREET ADI		
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100		Julia de la	
	DECEASED //	/ OF A L / 7.	
П	(140194 HENRY K)LANDSWAFIF	DEATHOCTOBER 18 1961	
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.	
1	make 11/hite WIDOWED X DIVORCED THIS 9/	8 79 Sayrs. Months Deys Hours Min.	
		(County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?	
		rest CA Mal 2/5	
		AIDEN NAME	
	Coorses H Bloodown 41 No.		
	George A. Dioons Morch Mal	ry Jones.	
		Address	
	Denvind	Slandswarth: Nt Vernon Ma.	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	empule and I dail	
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	(e), steting the underlying DUE TO		
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	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE		
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	2De. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of inj	ury in Pert I or Pert II of item 18.)	
	OR CONTRIBUTING [] CAUSE OF DEATH		
		so form 1 206 (City or town) (County) (State)	
ø	Hour e.m. While Not While factory, street, office bld		
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	21. I certify that (I) (this hospital) attended the deceased from actibe 2.1	5, 19 6 10 (Ceto ker 18, 19 6/ that (1) (we) last	
		2,03	
		22b. DATE	
	ATTENDING	MED. STAFF	
	The state of the s		
	NAME (Typo)		
		Notes -	
)		23d. LOCATION (City, town or county)	
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e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

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INTERVAL BETWEEN

ONSET AND DEATH

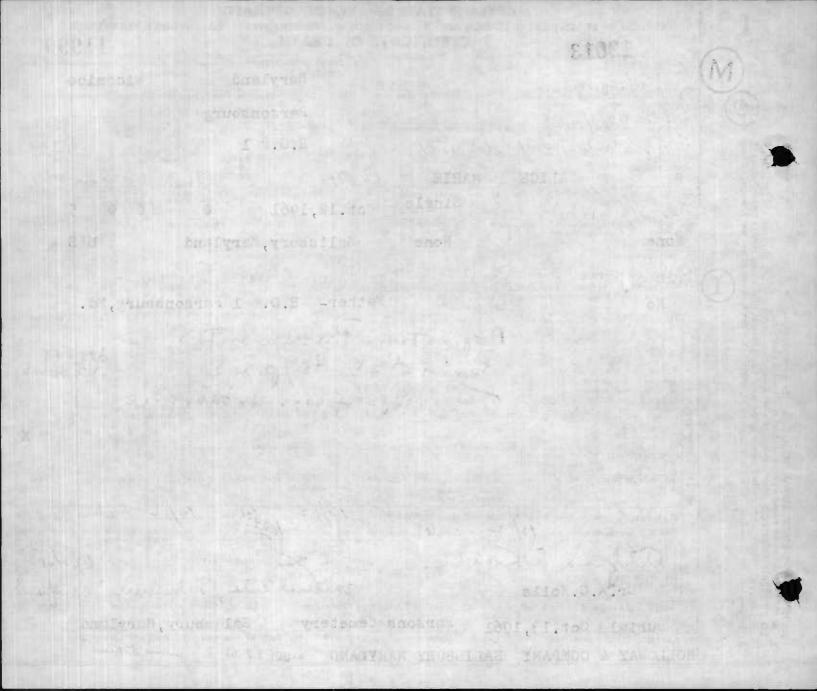
PERFORMED?

NO Y

(State)

22b/ DATE

SIGNED



filled in by the funeral Pages 1 and 2 should ours after death. vithin 24 hours after nin 72 hours TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complexes, or director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers.

Example 1. The prior of Health prior to burial, cremation, or removal, and in any event, within 7. In the prior of the prior to burial, cremation, or removal, and in any event, within 7. In the prior of the prior to burial, cremation, or removal, and in any event, within 7. In the prior to burial, cremation, or removal, and in any event, within 7. In the prior to burial, cremation, or removal, and in any event, within 7. In the prior to burial, cremation, or removal, and in any event, within 7. In the prior to burial, cremation, or removal, and in any event, within 7. In the prior to burial, cremation, or removal, and in any event, within 7. In the prior to burial, cremation, or removal, and in any event, when the prior to burial are the prior to burial.

15M 9/60

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH COUNTY COUNTY COUNTY COUNTY CITY OF TOWN (If outside segments limits to sense to limits to sense to limit to sense to limits to sense to limits to sense to limits to sense to limit to sense to sense

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7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	TUTION (if not in hospital, give streat address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \sum \)  First  Middle  Last  4. DATE Month  Dey Yeer	
	PENINSULA (TENERAL HOSPITAL		
	(Type or print) Baby Box		
4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		
	Maile Colored WIDOWED DIVORCED [	100000000000000000000000000000000000000	
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П	MARYLAND  TY OR TOWN (if outside corporate limits, write RUPAL and give neerest lown)  Why complete the composite limits, write RUPAL and give neerest lown  Why complete the composite limits, write RUPAL and give neerest lown  Why complete the composite limits, write RUPAL and give neerest lown  Why complete the composite limits, write RUPAL and give neerest lown  RECON OK C  3. STATE  AND LISBOR 9  AND FIRE COMPOSITE AND COMPOSITE LIMIT COMPOSITE LIMIT COMPOSITE AND COMPOS		
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	William Collier	DEATH ADDRESS  ON A FARMY  STELLUTION (if not in haspital) agree stread address)  SETTELUTION (if not in haspital address)  SETTELUTION (if no	
	W	allian Collin - to comole mi	
-1	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN TO ONSET AND DEATH	
		- Alacentu	
	DUE TO		
	Conditions, if eny, which (b)		
	geve rise to immediate cause (a) stating the underlying DUE TO		
	The same test		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	, (Enter neture of injury in Pert I or Pert It of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	3 20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA		
	at work at work	ory, sireet, onice bidg., etc.)	
		19 to	
		22b. DATE	
	Mines V. Hallalan		
		22d. ADDRESS	
	(NAME (Type)		
		OR CREMATORY 23d, LOCATION (City, town or county) (State)	
1	BUVIA 10-14-61 Tinslex	Chapel recomike, mo	
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	
	Edgar Wharlon - new Church	. Va DAOCT 20'61 Outling & Kouse	
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25 7 5 X C C S V PERMITTED CHECUE HESTERY attended which will be Street PLACE Carlo Charles Williams - 17 and Shares Williams and Shares an

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12015	CERTIFICATE OF DEAT	Н
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE 0. STATE	(When

2001

Chillian S. France

o. COUNTY Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY Wicomico
b. CITY OR TOWN (If outside corporate lim RURAL and give negrest town)	its, write c. LENGTH OF STAY IN 16	Salisbury	ate limits, write RURAL and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, of INSTITUTION 911 S.D1v1s		d. STREET ADDRESS 911 S.D1	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) CALEB	rst Middle CALVIN	COOPER 4. DATE OF DEATH	OCTOBER 21 19 61
S. SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 9.1874	7. AGE (In yeors lost birthdoy) 87 yrs.  HUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if relired Retired Construct	1).	STRY 11. BIRTHPLACE (Stole or foreign course) Surry Virginia	intry) 12. CITIZEN OF WHAT COUNTRY?
Joshua Cooper		14. MOTHER'S MAIDEN NAME Sarah Thompson	n
1S. WAS DECEASED EVER IN U. S. ARMED FOR (Yes. no. or unknown) (If yes, give war or dates of the Unk		NFORMANT	Vife)911 S.Division St
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.	Caremon	ad auxin	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
PART II. OTHER SIGNIFICANT CON  PART II. OTHER SIGNIFICANT CON  ON CONTRIBUTING  OR CONTRIBUTING  CAUSE OF DEATH  OR CONTRIBUTING  CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRE	NOT RELATED TO THETERMINAL DISEASE  D. (Enter noture of injury in Port I or Port I	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1
IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Ye Hour o. m. p. m. N/A  19	N/A  or 20d. INJURY OCCURRED While Not while of work at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	or town) (County) (State) N/A
21. I certify that (I) (this haspita saw the deceased give on 220, SIGNATURE 22c. PHYSICIAN'S NAME (Type) r. Henry A	7/0,21 19.6.1 and that a	M.D. PHYS. MED. DIRECTOR D	he causes and on the date stated above.  22b. DATE SIGNED PHYS.  Oct. 23/1961  r - ,Salisbury, Maryland
230. BURIAL, CREMATION, REMOVAL (Specify)  Burial  Oct.23		emorial Park Sal	ON (City, town, or county) (Stote)  1 sbury, Maryland  AR 25b, REGISTRAR'S SIGNATURE

SALISBURY, MARYLAND

DATE

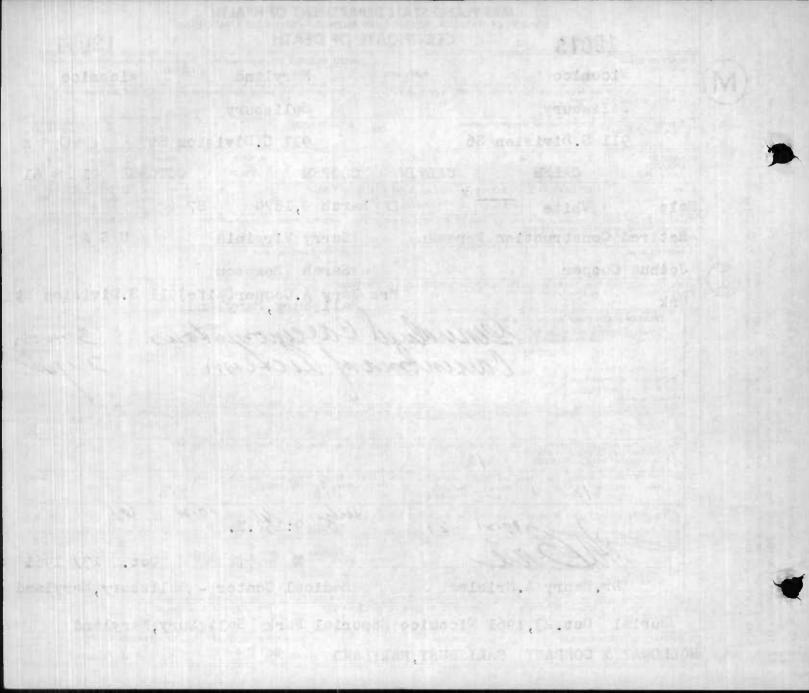


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COMPANY

TO HOSP!

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TO HOZ. AL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pere 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, alled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOT

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PLACE OF DESTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12016

11 2 TIGHT DECIDENCE (Where deceared lived if institution, Pasidance before

	a. (	COUNTY	e. STATE	b. COUNTY	esidence perote admission
3		WICOMICO MARYLAND			icomico
	b. 0	CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town)	c. CITY OR TOWN (If outside of	corporete limits, write RURAL and	give neerest town)
امدن	SA	LISDURY	Maryland  AY IN 16  AY IN		
3	13	NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS		
	Ten	VINSULA GENERAL HOSPITAL.	R F D #2		
1		AME OF First Middle		E Month	Dey Year
1		CEASED Tahn / a man		TH On Tohoo	10. 1961
	5. SE)	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8	DATE OF BIRTH	9. AGE (In yeers   IF UNDER 1	
	m	110 110000	1 7 7007	THOMAS .	Deys Hours Min.
	10a. I	JSUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR			7FN OF WHAT COUNTRY
	done	during most of working life, even if retired)	II. BIRTHPLACE (County & State		
				U	.S.A.
	13. FA	ATHER'S NAME	14. MOTHER'S MAIDEN NAME		
		John Dowers	Elizabet	h Johnson	
		AS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(100, 1	Q and	M. DALLENA. P.	2.D. 9 Sellis	- Mil
	1B	. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)	Decoca. M.	i, with house	
		PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) Baile Grant	0, 10:11		ONSET AND DEATH
	/	11/4 2	- Indiana		
	4	97 X DUE TO Problem of the second	111		
		onditions, if eny, which by the season of th			
		), steting the underlying DUE TO			
		use lest. (c)			
-	o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	
Ģ.	3				YES NO
	2D	ACCIDENT WAS UNDERLYING	. (Enter neture of injury in Pert I or Pe	ort II of item 18.)	
	UF (IF	EITHER, NOTIFY MEDICAL EXAMINER)			
	₹ 20			City or town) (Cour	nty) (State)
	VEDI	Hodi e.m.	ory, streat, office bldg., etc.)		
		p.m., 17 [	10/8/6/10	10///// 10	45-4 (I) (wa) la
		. I certify that (I) (this hospital) attended the deceased from	4 . 7 7	- 11/	
			death occured att	om the causes and on t	
	22	20. SIGNATURE			SIGNE
				PHYS.	
	22	C. PHYSICIAN'S NAME (Type)	22d. ADDRESS	4/1	C1/
		-100-1011-111-14/61	1 1 0 11	1 XXX Car VI	13/
	23a. B	NOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. L	OCATION (City, town or county	(Stete)
		irial IO/I4/I96I Mt. Calv	ery F	ruitland	Md.
	24 FU	NERAL DIRECTOR'S SIGNATURE ADDRESS		GISTRAR 256. REGISTRAR'S	SIGNATURE
1	111	its Fitterest Solis and	DATE OCT 19	'61 Chilmy S.	Thous
	11/14	MINO MUNICIPALITY MILLE			

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# and complex, filled in by the funeral carbon papers. Pages I and 2 should it, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2002 1901 CERTIFICATE OF DEATH

		LAULI							1.6	- C	U
1.	PLACE OF DEATH	1			2. USUAL RESIDEN	ICE (Where de			sidence	before	dmission)
	a. COUNT	Wicomico		MARYLAND	e. STATE Mary	land	b. COUN	Wi	com	ico	
	b. CITY OR TOWN (	if outside corporete limit	5,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orete limits, write	RURAL and	giva ne	erast tov	vn)
	Write RURAL end	Salisbury		7 days	112	alisbu	777				
1	d. NAME OF HOSPI		not in hos	pitel, give straet address)	d. STREET ADDRESS	0.21000	- 7		1		ESIDENCE
	Dee	r's Head St			/Phillip	Morris	s Drive				A FARM?
3.	NAME OF DECEASED	First		Middle	Last	4. DATE	Month		Dey	Yea	r
	(Type or print)	Edyt		Cornelia	Dunlap	DEATH	Octo	ber 1	2,	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9		IF UNDER 1 Y			24 HRS.
	Female	White	WIDOWE		12/19/93		last birthday)	Months De	Pys	Hours	Min.
		ION (Give kind of work	10b. K	IND OF BUSINESS OR INDUST		nty & Stete, or	foreign country)	12. CITIZ	EN OF	WHAT	COUNTRY
do		orking life, even if retired	3)		Manuela	~ 3			TTCA		
13	FATHER'S NAME	ousewife			Maryla 14. MOTHER'S MAIDEN				USA		
	γ.γ.	2772 11 02	-1				D======				
15		ILLIS H. FI		SOCIAL SECURITY NO. 17.		bella 1	Dawson			_	38.3
	es, no, or unkown)   (I	fyes give wer or detes of se	rvice)								Md.
_	No				Deer's Head S	tate Ho	ospital	Record			
		DEATH [Enter only one	cause per l	ina for (a), (b), end (c).)						ET AND	
		H WAS CAUSED BY: IMMEDIATE CAUSE (e)_	Br	onchial pneum	onia - bilate	eral			_5	day	rs
	6 × 6x	DUE TO									
	Conditions, if eny, which \ (b) Chronic partial intestinal obstruction 2								2	vrs	
	geve rise to Immediate cause									9-0	
	(a), steting the u	(c)	Pe	ritoneal adhe	ei one				7	0	
Z		1-7-		ITRIBUTING TO DEATH BUT N		NAL DISEASE	CONDITION GIV	EN IN PART 1	(e)   19.		UTOPSY
VIIC	ъ	onleineanta	31						VE		NO T
FIC.		arkinson's	disea	CRIBE HOW INJURY OCCURE	D (Enter neture of injury in	Pert I or Pert II	of item 18 )		11.	الما د	Но П
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 013	CRIDE HOW HOOK! OCCORE	o, temor nordro or miles, m		, , , , , , , , , , , , , , , , , , ,				
3	20c. TIME OF INJU	IRY Month, Dey, Yee			ACE OF INJURY (Home, fare		or town)	(Count	у)		(Stete)
MEDICAL	Hour a.m.	10	While at wor		ctory, street, office bldg., etc	:-)					
2	p.m.	19			0-4 644	147 .	0-4 30	12 106	7	. (1)	
				ded the deceased from							
		sed alive or U.C.T	zber	12,1961 , and the	it death occured alike	. A My Ifrom	the causes	and on th	e date		
	220. SIGNATURE	Lu L	d	away,		MED. DIRECTOR	STAFF PHYS.			10/1	SIGNED
	22c. PHYSICIAN	1			22d. ADDRESS						
	NAME (Type)	Lee L. I	awry,	M. D./	Deer's H	lead Sta	ate Hosp	ital,	Sal	isbu	ry, l
23	BURIAL, CREMATI		1961	North Was	1/1-00=1500	1 2300 LOCA	ATION (City, tov	hiA		F	ONN;
24	FUNERAL DIRECTOR	S SIGNATURE A A		ADDRES :		C'D BY REGIS	TRAR 256. REC	GISTRAR'S SI	GNATU	JRE	
	Thomas	Holla	2	Halesbur	), mel , DATEOR	T 1 6 '61	an	ilun S. 9	Tues		

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## FOR STATE HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

e. COUNTY	H		2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)			
	Wicomico	MARYLAND	o. STATE Maryland	Somerset		
	(if outside corporate limits, d give neerest town)	e. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, v			
		in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE		
	sula Genera	1 Hospital		ON A FARM? YES A NO		
3. NAME OF DECEASED (Type or print)	DECEASED		OF	Dey Yeer 19		
S. SEX			DATE OF BIRTH 9. AGE (In ye	ers   IF UNDER 1 YEAR   IF UNDER 24 HRS.		
F	W wi	DOWED DIVORCED J	une 14,1909 last birthde	. Months Boys Hours Mill.		
done during most of w	orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)  North Carolina	U.S.A.		
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
Turne	r Foster		Laura Waston			
	VER IN U.S. ARMED FORCES?		NFORMANT	ress		
res, no, or unkown)	lfyesgive weror detesofservice		Russell Dunn Westove	r. Md.		
18. CAUSE OF	DEATH (Enter only one caus	se per line for (e), (b), end (c),		INTERVAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY:	Printing Angui	arram the second a second	ONSET AND DEATH		
099	DUE TO	Raptured Meu	rysm thoracic aorta	1Hr.40M1		
Conditions, if en	y, which ) (b)					
geve rise to immed (e), steting the	> DIETO					
cause lest.	) (c)			CARL STREET		
PART II. OTHI		IS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION			
				PERFORMED? YES X NO		
PART II. OTHI	ONTRIBUTING T	DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Part I or Part II of item 18.)	III (A III		
		While Not While fector	ory, street, office bldg., etc.)			
Hour e.m.	40					
	17	et work et work		uiry 🔽 and in my anising		
21. I certify	hat I took charge of th	et work et wor	ld an Autopsy X, Inspection X, Inq	uiry		
	hat I took charge of th	et work et wor	Id an Autopsy X, Inspection X, Indide , Undetermined			
21. I certify to death resulted	hat I took charge of th	et work et wor	ld an Autopsy X, Inspection X, Inq	manner		
21. I certify	hat I took charge of the from: Natural causes	et work   et work     le remains described above, he s   X  , Accident   C  , Suici	Id an Autopsy X, Inspection X, Indide , Undetermined			
21. I certify death resulted  ACTUAL SIGNATURE EXAMINER'S	hat I took charge of the from: Natural causes	er emains described above, he s K. Accident . Suici	dd an Autopsy X, Inspection X, Inquide , Undetermined CHIEF MEDICAL EXAMINER , ASSISTANT MEDICAL EXAMINER X	manner		
21. I certify to death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I took charge of the from: Natural causes  Earl L. Re 1407 Camde	et work et work et work et eremains described above, he s X, Accident , Suici	Id an Autopsy X, Inspection X, Inquide , Homicide , Undetermined CHIEF MEDICAL EXAMINER , M.D. ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER X	DATE SIGNED		
21. I certify to death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)	hat I took charge of the from: Natural causes  Earl L. Ro 107 Camder ON, 22b. DATE THEREOF	et work et work et mork et mor	dd an Autopsy X, Inspection X, Inquide , Undetermined CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER X  DEPUTY MEDICAL EXAMINER X  CREMATORY 22d. LOCATION (City, to Para 2004)	DATE SIGNED  10-9-61  own, or country) (Siete)		
21. I certify to death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  20. BURIAL, CREMATI REMOVAL (Specification)	Hat I took charge of the from: Natural causes  Earl L. Ro 1407 Camder ON, 22b. DATE THEREOF 10-8-61	et work et work et work et e remains described above, he s X, Accident , Suici oyen M.D.  n Ave. Salish 22c. NAME OF CEMETERY OR St. Andrew	Id an Autopsy X, Inspection X, Inquide , Homicide , Undetermined CHIEF MEDICAL EXAMINER , M.D. ASSISTANT MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER X DEPUTY MEDICAL EXAMINER X CREMATORY 22d. LOCATION (City, to Princess &	DATE SIGNED  10-9-61  own, or country) (Slete)  Anne, Md.		
21. I certify death resulted  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22e. BURIAL, CREMATI REMOVAL (Specifications)	Hat I took charge of the from: Natural causes  Earl L. Ro 1407 Camder ON, 22b. DATE THEREOF 10-8-61	et work et work et work et eremains described above, he s X. Accident . Suici oyen M.D.  N. Ave. Salish 22c. NAME OF CEMETERY OR ADDRESS	Id an Autopsy X, Inspection X, Inquide , Homicide , Undetermined CHIEF MEDICAL EXAMINER , ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    CREMATORY   22d. LOCATION (City, to Para 2004)	DATE SIGNED  10-9-61  own, or country) (Slete)  Anne, Md.		

TO DEP. (Y MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an elay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the retained intector. Page 4 should be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as e burial-transit permit. File peges 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, end in any event within 72 fours after death. VS. A15ME 5M 7/59

Letiquel Lerense elsenines. Com Coct. M. and L. asset These BT TACES e Liberson and continue Me Purel During Markovan, Mil. atter of course uniquent betterns 10-0-61 St. Andrea democraty - 171 codes Rime. A 6

RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) e. COUNTY Wicomico MARYLAND VVORCOSTER VLAND b. CITY OR TOWN (if outside corporate limits. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO DO NAMEOF DECEASED (Typa or print) DEATH 196 5 SEX 7. MARRIED NEVER MARRIED lest birthday) Months WIDOWED 10a, USUAL OCCUPATION (Give kind of work physician 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSE WI 13. FATHER'S NAME please attending L. HAZZARD AYLOR 15. WAS DECEASED EVER IN U.S. ARMED FORCEST | 16. SOCIAL SECURITY NO. AILER Then (Yes, no, or unkown) | (Ifyesgive weror detes of service) 1B. CAUSE OF DEATH [Enter only one ceuse per line ONSET AND DEAT PART I. DEATH WAS CAUSED BY: JMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve risa to Immediate cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Itam 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 10117 1017/ 196/, that (I) (we) last saw the deceased alive on.... 22a. SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. NAME (Type) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF (State) REMOVAL (Specify) ဥ္မ 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Orthur S. Kraus

1 3 T 2 2 2 3 8 B V CWALLS M VID VINE 30 THE SECOND STREET 30-124 Max 19,1896 15-Din Hone BERLIN MO HEUSEWIEG E, HAZZBKO TAYLOR BAICER 219-03-0090 Ma FLAN K CHIKING DE 12 SHTY Heldule The success Secretare reverse H. F. Bricle Middle and Miles Car Breig- 10/30 E) EVERGEEN CER BERLIN LINE mark & me I was a work on the Company of the Compan

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, Baltimore 1, Maryland 12020 CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)				
	Wicomico Maryland	o. STATE Maryland Wicomico				
1	b. CITY OR TOWN (if outside corporete timits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)				
	write RURAL and give nearest town) Delmar  3 years	> Delmar				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS   e. IS RESIDENCE				
	200 Railroad Avenue	1200 Railroad Avenue	ON A FARM?			
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Day OF	Yeer			
	(Type or print) RACHEL ET.TZARETH	GERMAN DEATH Oct. 21	19 61			
5.			INDER 24 HRS.			
	Female White WIDOWED TO DIVORCED	9-12-1875   Bast birthdey)   Months   Deys   Ho	ours Min.			
10	a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County & State, or loreign country)   12. CITIZEN OF WH	HAT COUNTRY?			
1	At Home Home Home	Laurel, Del. USA				
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Benjamin Hill	Unknown				
15		NFORMANT Address				
1"	os, no, or unkown) (Ifyosgive war or detes of service) None Ca	rrie Ada Prevette, Delmar, Md.				
-	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVA	AL BETWEEN			
	PART I. DEATH WAS CAUSED BY:	thrombosis Ism	AND DEATH			
		1 houses	un			
	5 2 2 X DUE TO	trinbrous !				
	Conditions, if eny, which gave rise to immediate ceuse	· vinouvinous				
	(e), steting the underlying DUE TO					
	couse lost. (c)					
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED?			
13	Proi orehal to	romfoses	□ NO □			
CERTIFICATION	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter neture of injury In Pert I or Pert II of item 18.)				
3		CE OF INJURY (Home, ferm, 20f. (City or town) (County)	(Stete)			
MEDICAL	at work at work	ory, street, office bldg., etc.)				
1	p.m. 17	2/1 1955 to cleath , 1961, that	(I) (wa) last			
	21. I certify that (I) (this hospital) attended the deceased from.	P				
	saw the deceased alive on	dearn occured at i.e. iem, from the causes and on the date s	22b. DATE			
	6 1 2 1	ATTENDING MED. STAFF	SIGNED			
	22c, PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. D	121/61			
	NAME (Type) E. M. LARMORE	DECMAR DEC				
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	23d. LOCATION (City, town or county)	(Stete)			
	REMOVAL (Specify) Burial 10-24-61 Trinity	Laurel, Del. RT.				
24	PONERAL DIRECTOR'S SIGNATURE APPRESS	350. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE				
	W-S Many Cy-Lulma	Kell DATE OCT 2 4 '61				
	1 1/100,000	Cather & Kraus				

TOWERS TO THE PARTY OF SHART SHEET OF CORE C. ABOUT. AND LOSS. in the second property of the second Law field There is a Splenky N. N. S. C. III AUGUST CONTRACTOR OF THE CONTR The Sillicand Colored Comer, let a war a see a see

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

10004

#### CEPTIFICATE OF DEATH

12007

16061	CERTITION	IL OI DEAIII		LAUUG				
1. PLACE OF DEATH a. COUNTY	MARYLAND	o. STATE	ere deceased lived. If institution:					
Wicomico		Maryla	and	Wicomico				
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	V	utside carporate limits, write RURA	(L and give nearest town)				
RURAL and give nearest town) Salisbury		Salis	oury					
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
OR INSTITUTION Pen Gen Hospital		R.D.#	2	YES 🕅 NO 🗌				
NAME OF DECEASED (Type or print) CHARLES	Middle	GIBBONS	4. DATE Month OF DEATH OCTOBE	R 30th 19 61				
. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOW	ED DIVORCED	Jan. 14, 188	l last birthday) M	onths Days Hours Min.				
a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
sharkx&khhamaxRetired	Farmer	Pittsvil:	le Maryland	USA				
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
Robert Gibbons		Gertrude	Rounds					
Yes, no, or unknown)   (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.1	NFORMANT S. Mazie P.G.	lbbons (Wife) R	.D.# 2				
	No Salisbury, Maryland							
18. CAUSE OF DEATH [Enter only one cause per I		1 - 1	1 1 1 -	ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	enteriose	levoric A	sent Kless	se Ty				
420.0 DUE TO								
Conditions, if any, which ) (b)								
gave rise to immediate couse (a), stating the under-			SILL S TILLIA					
lying cause last.	110 110 110 110 110 110 110 110 110 110							
PART W. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY				
PART IV. OTHER SIGNIFICANT CONDITIONS  Neumoni	a acut			PERFORMED? YES NO				
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art I or Part II of item 18.)					
	INITIRY OCCURRED 20e. PL	ACE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)				
Hour o. m. NT /A 10 While	Not while fo	N/A street, office bldg., etc.	N/A	(000)				
p. m. N/A 19 at wa	rk at work	N/A	N/A					
21. I certify that (I) (this hospital) attended the deceased fram.								
saw the deceased alive an 1	19 , and that a	death accurred of	M, fram the causes and	an the date stated above				
220. SIGNATURE		ATTENDING ME	D CTAEE	22b. DATE SIGNED				
Mand Jolins	~e	M.D. PHYS. DIE	D. STAFF RECTOR PHYS.	Oct.30,1961				
22c. PHYSICIAN'S NAME (Type) Dr. David J.G	ilmore	Medical	Center Salis	bury, Maryland				
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or c	ounty) (State)				
Burial Nov.1.1961	Parsons	Cemetery	Salisbury. M	aryland				
4. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE				
AND A SECOND SEC		YLAND DATOCT		7 S. Thomas				
The state of the s								

TO HOSP, OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be repured by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remove corban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after death.

rs after death. Page 4 by the funeral director, I 2 should be filed with

VR A15 (4) 1SM 9/59

N. STRINE male date, and BREETS TR. PLLISTE The state of the s ber ittel, venielist uterten eine einstelliche Entrete ein bereitung, werten ein Tetal for a title and the west and a superior to the first of the fact of the TO HOS CL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Peace 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed with the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be better the prior to burial, cremation, or removal, and in any event, within 72 hours after death.

### MARYLAND STATE DEPARTMENT OF HEALTH

12022	CERTIFICATE OF DEATH	1901.0
1. PLACE OF DEATH	1 2 IISIIAL RESIDENCE (Where de	recessed lived, If institution: Residence before admission)
e. COUNTY	a. S7476	b. COUNTY
- Wicomico	MARYLAND / / TRYCAIN	
b. CITY OR TOWN (in outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corp.	orate limits, write RURAL end give nearest town)
5 Alisby RV	3DAVS OCGAIN C	ITY K.FD
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Peninsula GeneRAL	Hospital INDIAN KNO	YES NO NO
3. NAME OF First	Middle Last 4. DATE	Month Dey Yeer
(Type or print) Richard	Fuller HALL OF DEATH	October 7 1961
5. SEX   6. COLOR OR RACE   7 MARRIE	11	. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
male white widowe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	last birthday) Months Days Hours Min.
2011.10	IND OF BUSINESS OR INDUSTRY   11, BIRTHPLACE (County & State, or	loreign country)   12. CITIZEN OF WHAT COUNTRY?
dona during most of working life, aven if retired)	0 4	TI CD
KEALERTHTE DEVELOPER O	WN BUSINESS BROOKLYN N	EW YORK PIJIT.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
MICHARD F. HALL	SR. MARY C. 13	ENSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unkown) (Ifyesgivewerordelesofservice)	SOCIAL SECURITY NO. 17. INFORMANT	Address
NO No	NOCR. F. ITALL	OCEHNICITY MIN
18. CAUSE OF DEATH [Enter only one ceuse per li	ine lor (a), (b), end (c).)	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	uncarden Infact	Tacella 3 LOLO
	The contract of the contract o	10000
DUE TO		V
Conditions, if eny, which (b) geve risa to Immediate cause	•	
(a), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CON	STRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		YES NO E
20e. ACCIDENT WAS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II	of item 18.)
OR CONTRIBUTING CAUSE OF DEATH		
ZDc. TIME OF INJURY Month, Dey, Yeer   2Dd. I	INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   2DI. (City	y or town) (County) (State)
Hour a.m. While		
p.m. 17		112-7 dal (0)
21. I certify that (I) (this hospital) aftend	ded the deceased from	
saw the deceased alive on		
22e. SIGNATURE	ATTENDING MED.	STAFF SIGNED
Willen Dr. 4	M.D. PHYS. DIRECTOR	PHYS. 10-7-6
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCA	ATION (City, town or county) (Stete)
BURIAL OCT. 9, 1961	ST. PHULS CHURCH MARD E	BURLIN NO
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / 25a REC'D BY REGIST	2 - 2 11
Ama A. Burbage	Bulin mi DATE DET 11'8	Orthun S. Hraus

1SM 9/60

974 Mongeone Dans very Law Branch Berner V. N. S. Warner D. H. THE RELEASE OF THE PARTY OF THE Mary B. C. Harre Berner C. By Law A SE PLAZ TORAN DADAS TO BE STORED 10-7 01 the second of the second BOLLOW MEN TO THE PROPERTY OF THE PARTY OF T A December 180 Line July agents of A Louis

**DIVISION OF STATISTICAL RESEARCH** TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY NICOMICO ed in by the f ges 1 and 2 s after death. MARYLAND Wilcomico b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give naarast town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SONS BURG lled e. IS RESIDENCE ON A FARM? YES NO DO e NINS4 Hospita NERAL NAME OF 4. DATE Day Yaar DECEASED OF complet (Typa or print) DEATH 19 ARRINGTON HALLA 10 and co 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED last birthday) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) LAWARE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or unkown) | (Ifyasgiva war or datas of sarvice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: -6 hes IMMEDIATE CAUSE (a) DUE TO certificate has been gava risa to immadiata causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury In Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH etached for DIRECTOR: After this é 20c. TIME OF INJURY 20e. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (Stata) Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., atc.) Not While While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from...... .19.6.1., and that death occured at 9. A-M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, be filed v 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. CEMETERY OR CREMATORY REMOVAL (Specify) ADDRESS REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) Circling S. Thous 15M 9/60

(1) · · tonner la Comment Levery The state of the s Do William D. BRAY SAISbury MARYland

# TO HOS AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pago 4 may be retained by the hospital or attending physician. The correction of the complete of the certificate has been signed by the attending physician and complete of the funeral identity, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should identified be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12024 CERTIFICATE OF DEATH

71	a. COUNTY	e. STATE b. COUNTY
	MARYLAND	marubond Winster
	b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete fimits, write RURAL end give neerest town)
	write RURAL end give necrest town)	n 1 3 X 2
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
71	d. NAME OF HOSPITAL OR INSTITUTION (IF not in nospite), give street eddress)	ON A FARM?
4	Keninsula Meneral	N. MAIN ST YES NO
ı	3. NAME OF First Middle	Last 4. DATE Month Day Yeer
	(Type or print)	OF DEATH (9) + h hor 9 1961
-	5. SEX   6. COLOR OR RACE   T MARDIER TO MARDIER TO   8.	11367
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	last birthday) Months Deys Hours Min.
	WIDOWED   DIVORCED	VOV. 10, 1894   66 yrs.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
(	odone during most of wasking life, evan if retired)	BERLIN MO USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		λ - 1
М	URLANDO HARRISON	MOA LONG
41	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   11.   12.   12.   13.   14.   15.   15.   16.	NFORMANT Address
	No No No	IRS. G. HALE HARRISON BERLIN 10
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	DARK DESTRICTION AND AND AND AND AND AND AND AND AND AN	Onset and Death
	IMMEDIATE CAUSE (6) FINELIO O	elevoque beaut desease I year
	DUE TO	
	Conditions, if any, which (b)	
	gave rise to immediate cause	
	(a), stating the underlying DUE TO	
	cause fast. (c)	VICTURE TO THE CONTRACT OF THE
4	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO Z
	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of item 18.)
	206. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. OP CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)
		ory, street, office bldg., etc.)
	p.m. 19 et work at work	
1	21. I certify that (I) (this hospital) attended the deceased from	7-28, 1951., to
		death occured at,M, from the causes and on the date stated above.
	22e. SIGNATURE	22b, DATE
	100,00 0000	ATTENDING MED. STAFF SIGNED
	Wille St Elles Fr M.	
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	TOWNS (1) Por	
	230. BURIAL, CREMATION, 236. DATE THEREOF   23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	EEN BENIN MID
	120/0145	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	10 Mary 4 4 204
1	Homa 14. Butter	DATE TO CATHUR & Kungs

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12025

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- 4	2	1	1	1

o. COUNTY	Wicomico		RYLAND 2. USUAL o. STAT	Maryl		d. If institution b. COUNTY		comico
b. CITY OR TOWN ( RURAL ond give n	If outside corporate limits eorest town) Salisbury		AY IN 16 CITY	Salis		limits, write RL	JRAL and give	e nearest town)
d. NAME OF HOSPI OR INSTITUTION	AL (If not in hospitol, give 218 Linwo		d. STR	218 L	inwood	Ave.		e. IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Type or print)	CEIVE	BELL			4. DATE OF DEATH	OCTOR		25th 19 6
5. SEX Female	White	Lab.	CED   Sept.	. 25, 18	879	182 yrs.		YEAR IF UNDER 24 H
10a. USUAL OCCUPATION during most of wor House Wo:	ON (Give kind of work doking life, even if retired)  PK-Retired	None	C	RTHPLACE (Stote of PISTIC) CHER'S MAIDEN NA	d. Mary	land		USA
ImaacSt	erling			nk				
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORC (If yes, give wor or dates of ser				l) Dau	ghter ryland	[218]	Linwood
gove rise to couse (o), stating lying cause lost.	the under- DUE TO (c).	ITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATI	Meta ED TO THE TERMIN	stase CO	NDITION GIV	EN IN PART 1	(a) 19. WAS AUTOR
ICATIO							EIN IN I ANI I	PERFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	N/A	OCCURRED. (Enter not	fure of injury in Po	ort i or Port ii o	r item (o.)		
ZOc. TIME OF INJUI Hour o. m. p. m.	N/A 19	20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJ foctory, street, N	URY (Home, farm, office bldg., etc.)	20f. (City or t	N/A	(Cou	unty) (Sto
saw the decea	at (1) (this haspital) sed alive and	ottended the decease	ed fram. le //	urred 3: 40	of from the	causes and		, that (I) (we) I date stated abo
220. SIGNATURE	4 Bell	dskey!			O. S'	TAFF HYS.	Oct.	26,1961
MANE (Type)		7 2/2		ADDRESS		_		W
	or.Earl M/		Ivis	aryland	Ave.	Salish	oury,	Maryland
	DN, 23b. DATE THEREOF	23c. NAME OF CE	emetery or cremato	RY :	23d. LOCATION	(City, town, o	or county)	(State)

may be. The by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSE

VR A1S (4) 1SM 9/59

rs after death. Page 4

\* Partie Disorts EL 9-CS. Erone - mane misse were seen, er, man in the seen and the Beddellattor come The Estate , stellar intellect THE CONTROL OF THE CO The grave, all two makes of a greatered margaret felt along willie, two tests

**DIVISION OF STATISTICAL RESEARCH AND** ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY the d 2 MARYLAND WICOMICO and b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL end give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? TONIN SUL 3. NAME OF YES NO X 101 DECEASED OF (Type or print) DEATH 196/ 010 8. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED X physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME please affending 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give water dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (a), steting tha undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WAS AUTOPSY NO 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) o cardia 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work at work saw the deceased alive on. 22b. DATE 22a SIGNATUR ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, l 23d. LOCATION (City, town of county) OR CREMATORY (State) 23m BURIAL, CREMATION, 23b. TO REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

4.508 26 Ja 5 12 23 1 TO DE LANGE (STREET, SECURISE Transport Dear Strange HOUSE WATER TO THE PROPERTY OF THE PROPERTY OF THE PARTY TELEVISION MATTER PERSONS AND TOTAL SAMPLE OF THE No Trong S. G. Tobissa Je. Satistics of all 是是有数据的新新者的。 The state of the town of the state of the st

# FOR STATE HEALTH DEPT.

TO DEP CAMBERICAL EXAMINER: This certificate should be executed within 24 hours after death. If are please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the 12 grid director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, /	MARYLAND
1202MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12013

1. PLACE OF DEATH  a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. STATE  b. COUNTY
LIFE COMPLETE MARYLAND	
b. CITY OR TOWN III outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Solighung	Delmar 4/X
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
3. NAME of Peninsula General Hospital	Lest 104 Delaware Ave. VES NO X
(Typa or print)	OF
Nina Belle K	eefer 10-3-61 19 B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	last birthday) Months Days Hours Min.
108. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST	0 =700 1909 06
done during most of working life, even if retired)	Dolmon Dol II G A
13. FATHER'S NAME NUrse	Delmar, Del. USA
Charles Hutchinson	Rosa Parker
15. WAS DECEASED EVER N U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. (Yas, no, or upkown) (Ifyas giva war or datas of service)	INFORMANT Address
N xx 217-30-8042	Earl Keefer, Delmar, Del
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	ONSEL AND DEATH
IMMEDIATE CAUSE (a) Bullet We	ound of brain Sudden
DUE TO	
Conditions, if any, which (b)	
(a), stating the undarlying DUETO	
(0)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ССАПО	PERFORMED? YES NO
PRIMARY (20) CONTRIBUTING	Enter nature of injury in Part I or Part II of Itam 18.)
SHOP SOTT CHILOR	
	tory, street, office bldg., etc.)  No home.  Delmar Sussex Del.
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident , Suid	cide X, Homicide , Undetermined menner
E O \ /L	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER ☐ DATE SIGNED  DEPUTY MEDICAL EXAMINER ■ 10-5-61
Earl L. Royer, M.D.	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Sbur Tdees (tiles), city, lown, or county)  R CREMATORY 22d. LOCATION (City, town, or country) (State)
REMOVAL (Spacify)	
23. FUNERAL DIRECTOR ADDRESS	1 248, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE
W.S.Marvel Co. Delmar	Del. DANGT 9 '61 Gothan & Kome
	WOLD OF CHAMP II, TOWN

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1. PLACE OF D o. COUNTY	Wicon		MARY	LAND		land	b. COUNTY	Wicm	ico	
RURAL on	Salis	de corporate limits, v own) Bury	write c. LENGTH OF STAY	IN 16	Sali	If outside corporate Soury	limits, write RU	JRAL and give	e nearest tawn	1)
d. NAME OF	INCITION -	not in haspital, give [arshall]			d. STREET ADDRESS	Marshal	1 St			FARM?
NAME OF DECEASED (Type or prin	it)	LULA	MAE Middle		TTLETON	4. DATE OF DEATH	Octo		17th	Yeor 19 <b>61</b>
Fema	le Wh	nite w	MARRIED NEVER MARRII	D A	pril 19,		AGE (In years last birthday) yrs.	Months D	YEAR IF UNDE	Min.
during mos	t of working life	ve kind of work done e, even if retired) at Home	None	R INDUSTRY		o Count		U U	J S A	OUNTRY
Edwar	d Lowe			1.	Clara M					
S. WAS DECEA	SED EVER IN U	. S. ARMED FORCES give wor or dotes of service			Beatric	e L/Day	is(Dau	ghter aryla	)209	
	T I. DEATH WA		MysCall	al	infac	ction			SECOND	DEATH
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	e to immedi stoting the <u>un</u> se lost.									N.
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OR CONTR	DENT WAS UND IBUTING CA NOTIFY MEDIC	USE OF DEATH	N/A	CCURRED (E	nter noture of injury	in Port I or Port II	of item 18.)			
	o. m. N	/	20d. INJURY OCCURRED While Not while of work of work		OF INJURY (Home, I , street, office bldg.,		town)	(Co	ounty)	(Stat
1 1	ify that (1) (	(this haspital) a	lended the deceased	fram	h accurred a	P.M. from the	e causes an	d an the	, that (I) (	
	lely	Lews	lby,	M.D.	ATTENDING X		STAFF PHYS.	Oct	226	SIGNE
Ac. PHYSIC NAME	(Tunal	Earl L.B	eardsley		22d. ADDRESS Marylar	d Ave.	Salisb	ury, N	aryla	nd
REMOVAL BURIAL	(Specify)	ot.20,1	961 Parso	to the same of	metery		sbury,		Land (Stot	te)
24. FUNERAL D	IRECTOR'S SIGN	NATURE	ADDRESS		111111111111111111111111111111111111111	EC'D BY REGISTRAL	R 2Sb. REGIS	TRAR'S SIGN		
HOTTON	AV & (	COMPANY	SALTSBURY	MARYT	AND DATE	CT 1 9 '61	Class	2.0 8 45		

may be the parties have been despited as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remave carban papers. Pages 1 the State Board at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSP VR A15 (4) 15M 9/59

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

19015

	21129	CERTIFIC	AIL OI	PLAIII			36010
1. PLACE OF DEATH a. COUNTY	Wicomico	MARYLAN	II a STAT			b. COUNTY	merset
RURAL ond give Sal	(If outside corporate limits, nearest town) isbury	8 yrs.		OR TOWN (If o	outside corporate li		and give nearest lown)
John B.	Parsons Ho		d. STR	EET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Linnie	Middle	Llox	Lost 7 d	4. DATE OF DEATH	Month October	Day Year 26 19 6
Female		MARRIED NEVER MARRIED	B. DATE OF	BIRTH	9. AC		DER 1 YEAR IF UNDER 24 HR
at ho	rking life, even if retired)	at home		Maryla	nd	12.	U.S.A.
13. FATHER'S NAME	Jacob Jone		14. MOT	HER'S MAIDEN N	Bloodsv	ranth	
15. WAS DECEASED EV (Yes. no. or unknown)		S? 16. SOCIAL SECURITY NO.	17. INFORMANT Records			Address S	alisbury, Md
Conditions, if gave rise to cause (a), statinglying couse last PART II. O	g the under-	Sucure Sons Contributing to DEATH	Ton BUT NOT RELAT	ED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	PART 1(o) 19 WAS AUTOPS PERFORMED?
OR CONTRIBUTING	VAS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	URRED. (Enter no	ture of injury in I	Port I or Port II of	item 18.)	YES NO
20c. TIME OF INJU Hour a. m p. m	. 10	20d. INJURY OCCURRED While Nat while of wark of wark	e. PLACE OF INJ foctory, street,	URY (Home, farm office bldg., etc.		wn)	(County) (Stot
21. I certify the saw the december 22a, SIGNATURE		ottended the deceased from 0/26 1961, and the	om Dec	. 10	M, fram the	/	the date stated above
22c. PHYSICIAN'S NAME (Type)		Smith	M.D. PHYS	NDING MI DI ADDRESS	ED. ST RECTOR PH	AFF LYS.	10/24/L
230. BURIAL, CREMAT		961 Grace Epi				(City, tawn, ar cour	Maryland
24 WINERAL DIRECTO	s signature 3	alisband, S	nd,	25a. REC	CT 3 0 '61	25b. REGISTRAR'	S SIGNATURE

2 shauld be filed with TO HOSPILM OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 has been and by the hospital or attending physician.

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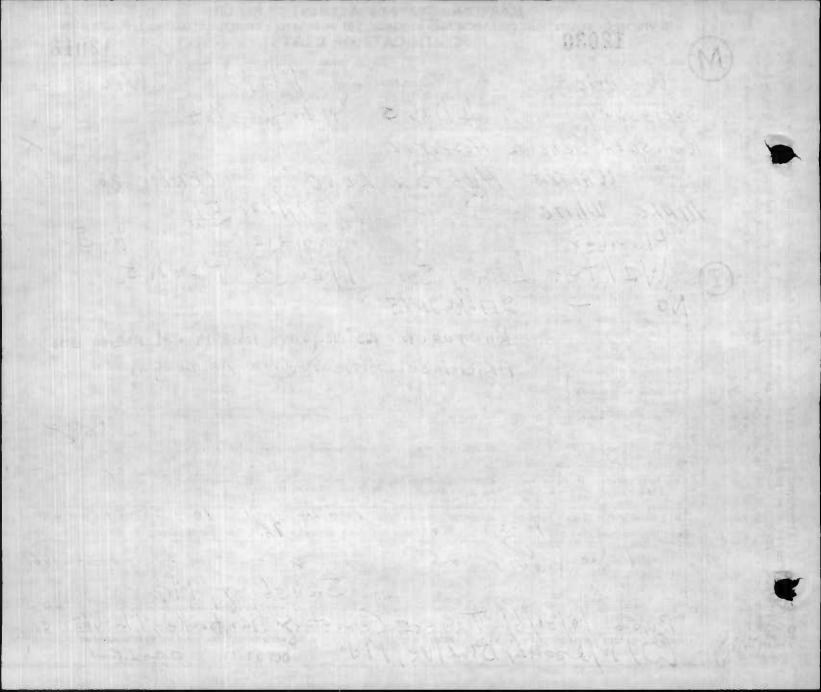
after death. Page 4

VR A15 (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY WICOMICO by the and 2 death. the d 2 MARYLAND Com 1 = 0 C. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits. TOWN (If putside corporate limits, write RURAL and give neerest town) write RURAL and give neerest town) filled in the Pages 1 apers. Pages 1 72 hours after SOURY NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO ENIN NAME OF papers. Middle 4. DATE Month Day Year comple DECEASED OF (Type or print) DEATH 19 within 61 carbon 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF 7. MARRIED NEVER MARRIED and ast birthdey) Months Deys Hours Min. WIDOWED DIVORCED event, physician USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or 12. CIMZEN OF WHAT COUNTRY? ghost of working life, even if retired 13. FATHER'S NAME MOTHER'S MAIDEN NAME please 2 Then please and 16. SOCIAL SECURITY WAS DECEASED EVER IN U.S. ARMED FORCES? Address removal. (If yes give wer or detes of service ng physician. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: AbdOMI SUDDEN IMMEDIATE CAUSE (e) burial-transit DUE TO ARTERIOSCLEROTIE ADRITIC ANOTHRSYM attending Conditions, if eny, which peen geve rise to Immediate cause DUE TO (e), steting the underlying the bur burial, has cause last. ŏ PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? the hospital as 2 NO use prior 20a. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) P OR CONTRIBUTING [] CAUSE OF DEATH may be retained by the DIRECTOR: After this of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 10-28, 1961, that (1) (we) last pe saw the deceased alive on ... 10 19.6/., and that death occured at J.A.M., from the causes and on the date stated above plnods State 22b. DATE ATTENDING m DIRECTOR PHYS. PHYS. M.D FUNERAL rector, page 3 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) TO FUNE director, F be filed w CEMETERY OR CREMATORY LOCATION (City, town or county) 23d. (State) 23a, BURIAL, CREMATION, DATE THEREON (Specify) 25b. REGISTRAR'S DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus 15M 9/60 DATE OCT 3

requires that the death



AARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY MARYLAND WICOMICO by the and 2 death. b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give negrest town) SALISBURY .5-Pel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street express) e. IS RESIDENCE ON A FARM? YES NO papers. complete NAME OF DATE Dey Yeer DECEASED OF (Type or print) DEATH 19 and cor AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthdey) Months WIDOWED DIVORCED physician гетоме 12. CITIZEN OF WHAT COUNTRY? lane during most of working life, even if retired) T. EN9 FATHER'S NAME 14. MOTHER'S MAUSEN NAME aftending ANGERSON HOW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unkown) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if eny, which peen (b) geve rise to immediate cause DUE TO (e), stetling the underlying has cause lest. the bur OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THEY RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY certificate 8 o PERFORMED? NO morany 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part IV) titem 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) Month, Day, Yeer fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 1961, that (I) (we) last 21. I certify that (I) (this hospital), attended the deceased from... 19.0.1, and that death occured at A.M., from the causes and on the date stated above. 22e. SIGNATURE DATE ATTENDING SIGNED DIRECTOR PHYS. TO FUNERAL I director, page 3 be filed with the an PHYS. PHASICIAN'S 22d. ADDRESS NAME (Type) mon 23d. LOCATION (Gity, town or county) 238. BURIAL, CREMATION, 236. DATE THEREOF OF CEMETERY OR CREMATORY REMOVAL (Specify) 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATU 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Thous 15M 9/60 DAMECT 3 1 oum an

2000 1000 F 212 DELA K LICE COMMENCE AND LINES AN Comment fity Commence The one Winchest The way England a water that the second of the which the state of the state of

TO HOST. I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed. Thin 24 hours after of death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2018

	1. PLACE OF DEATH	,		2. USUAL RESIDENCE	E (Where decease			ce before e	dmission)
	a. COUNTY	comica	MARYLAND	o. STATE Maryland		b. COUNTY	nico		
	b. CITY OR TOWN (if	outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate			nearest low	n)
	Salist	/	23 years	1 Se	lisbury				
			in hospital, give street address)	d. STREET ADDRESS					ESIDENCE
7	Peninsul.	a General A	FOSD, TAI	Woodland	d Pond			-	A FARM?
IJ	3. NAME OF	First	Middle		A DATE	Month	Dey	Year	
-	DECEASED (Type or print)			1	OF DEATH		,		,
		Marvin	P.	Lyons		10	/	19	61
	5. SEX	6. COLOR OR RACE 7. A	ARRIED NEVER MARRIED	B. DATE OF BIRTH			Aonths   Days	Hours	Min.
	Male	White W	DOWED DIVORCED	12-21-02		58 yrs.	00/3	110413	,,,,,,,
	1Da. USUAL OCCUPATION	ON (Give kind of work king life, even if retired)	IDb. KIND OF BUSINESS OR INDUSTI	RY   11. BIRTHPLACE (County	& State, or fore	ign country)	12. CITIZEN C	F WHAT	OUNTRY?
	Salesma		Instrance	Cambridge	. Md.		U.S.	۸.	
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N					
1				Name	Champan				
)		R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Currey	Address			
		yes give war or dates of service	) 11/12/20						
	no			s. Neita Lyon	8 Sq.	lisbury			
			perfine for (a), (b), and (c).)	+11	1	-		TERVAL BET	
		MAS CAUSED BY: MMEDIATE CAUSE (a)	Cornar	7 Xleron	utio	10			
	1	DUE TO							
	Conditions, if any	A 8							
	gave rise to immedia	ate cause							
	(a), stating the un						- 179		
		SICNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NO	T DEL ATER TO THE TERMINA	U DISEASE CON	IDITION CIVEN	I INI DADT 1(a)	19. WAS A	LITOPSY
	ZDa. ACCIDENT WA		S COMMISSION OF STATE SOIL		0		THE TOTAL TOTAL	PERFO	RMED?
-	5 00	stone be	unitage pe	u contin	ex a	ellar		YES	NO Y
U	2Da. ACCIDENT WA	AS UNDERLYING []   201	DESCRIBE HOW INJURY OF CURE	). (Enter nature of injury in Pa	rt I or Part II of	item 1B.)			
	U (IF EITHER NOTIFY	MEDICAL EXAMINER)							
	ZOc. TIME OF INJUI	RY Month, Day, Year		ACE OF INJURY (Home, farm	20f. (City or	town)	(County)		(State)
	20c. TIME OF INJUI	10	While Not While tac	tory, street, office bldg., o.c.)					
		19		9-18	Lat.	100	10/1	(1) (	
	21. I certify th	nat (I) (this hospital)	attended the deceased from.		Lel, 10				
1		ed alive on		death occure	.M, from th	e causes a	nd on the d		
1	22a. SIGNATURE	16	- 1-01	ATTENDING , ME	D	STAFF		226	SIGNED
ı	-	Tella	test "	A.D. PHYS. DIF	RECTOR [	PHYS.		10-1	1-61
'	22c. PHYSICIAN'S NAME (Type)		8	22d. ADDRESS					
	HAMME (IAbe)								
	23a. BURIAL, CREMATIO	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town	or county)	(S	tete)
	REMOVAL (Specify)	70 1.67	Porchester M.	emorialPark	Cambi	ridge.	Md.		
	24 FUNERAL DIRECTOR	10_4-61	ADDRESS		BY REGISTRA			TURE	
,	ZT TOTAL DIRECTOR	17 11	1						
	1 Inner	M. Thomas	4 CAMBRIDG	E, MD. DATE CT	5 6	Cins	un & Three	LA .	

cisk cisk ampu Samond William Commenters has continued a the THE RESIDENCE OF THE PROPERTY OF THE PARTY O

Marylan - pafernic ruda Lud S. Feers DBOA DRAIDONA 1 . A. S. U. Soleman Contract Contract No.

. or water brone a collection . only

sample of general verokester weteringers with

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12033	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12019
LACE OF DEATH	1 2 IISUAL RESIDENCE (Where deceased lived if institution, Residence before ed

•	a. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, if institution: Res	idenca befora edmission)
1	Wicomico Maryland	e. STATE Maryland Wic	omico
A	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	iva naarast town)
4	Salisbury D.O.A.	X Salisbury	
5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
7	Peninsula General Hospital	Route #L Johnson Road	YES TO NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
	(Type or print) George Hardy Merrill	OF DEATH 10-26-	67 19
		B. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE	
	M INT WIDOWED DIVORCED	April 11, 1905   last birthday)   Months Da	ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUST		N OF WHAT COUNTRY?
	Farmer Broiler	Maryland U	SA
	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	DA
1	John L. Merrill	Monte Anno III oleman	
		Mary Anna Hickman	
1	(Yas, no, or unkown) (Ifyasgivawarordatasofservica)	INFORMANT JOHNSON R	oad
	NO 220-01-9428 M	rs Elsie Merrill, Salisbury	Maryland INTERVAL BETWEEN
	PART I DEATH WAS CALISED BY.		ONSET AND DEATH
	IMMEDIATE CAUSE (a) Coronary Occ	Lusion	Sudden.
	420.0 DUE TO		
	gava risa to immadiata causa	erotic heart disease.	Years
	(a), stating the underlying DUE TO		
	Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT BUILDING THE TRANSPORT OF THE TRANSPO	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
SL	3		YES X NO
	PRIMARY OF CONTRIBUTING COURSE OF DEATH.	Enter nature of injury In Part I or Part II of itam 18.)	
	,	ACE OF INJURY (Home, farm, 20f. (City or lown) (County street, office bldg., atc.)	r) (State)
	Hour a.m. While Not While p.m. 19 at work at work	interface and an analysis and a second and a	
	21. I certify that I took charge of the remains described above, h	eld an Autopsy 📉 Inspection 🔀, Inquiry 🛣, a	and in my opinion
1	death resulted from: Natural causes X. Accident . Suid	cide , Homicide , Undetermined manner	
		CHIEF MEDICAL EXAMINER	
	ACTUAL ENGLY SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	Fanl I. Roven M M	DEPUTY MEDICAL EXAMINER	
	NAME (Type) 1107 Camden Ave. Salisbu	Ty Matress (Streat, city, town, or county) 10-3	30-61
	22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 20		(State)
	Burial 10-28-61   Salem Metho	odist Pocomoke City,	Maryland
	22 FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGN	
	Tenny In Walson Pocomoke Ci	ty. Md DATE NOV 1 '61 arthur 2. 1	traves
1		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

od frot ly Truscation and A.V.T the community of the course of and the state of t tomes. Long to the same water and a same to the same t monary and a second of the sec . Fisher's cite in the constant . . . ingle 10-89-51 | Sales Methodist | Posselle 10-89-51 | Ingles

STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY WICOMICO MARYLAND b, CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporeta limits, writa RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Pages 1 .5 DALISBURY
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Pelli . IS RESIDENCE d. STREET ADDRESS ON A FARM? ENIN SUL ENERAL YES NO NAME OF complete 4. DATE Month Year DECEASED OF (Type or print) DEATH/ TOBER COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in yeers | IF UNDER 1 YEAR ove carbo lest birthdey) Months Deys 10a. USUAL OCCUPATION (Give kind of work WIDOWED DIVORCED physician Гетоуе 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) MON NIARIN 13. FATHER'S NAME please ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) | (If yes give wer or detes of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: physici igned b RINDURD IMMEDIATE CAUSE (0) burial-transit DUE TO if any, which geve risa to immediate ceusa DUE TO (a), steting the underlying has causa last. 0 certificate I PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY (chabba) PERFORMED? hospital 38 0 1) (oragenita) 2) Bulateral prior muluding 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PHY: for (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer fectory, street, office bldg., etc.) While Not While et work et work DIRECTOR: 3 should be det 11.7....., 196.1, that (1) (we) last 19.6..., and that death occured at MM, from the causes and on the date stated above. saw the deceased alive on...... ATTENDING DATE 22e. SIGNATURE SIGNED DIRECTOR PHYS. M.D. death. Fact 4 director, page be filed FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) REGA 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE OCT 1 9 '61 15M 9/60 anthun & Kround

STATE OF THE STATE THE REPORT OF THE PARTY OF THE St. B. Comment of the Charles I was some some of the cost of to be a second of the second of the second ALLES AND ALLES APPLIES TO A STATE OF THE STATE The same of the sa

## FOR STATE HEALTH DEPT

4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Thethy or its designated agent, prior to burlal, cremation, or removal, and in any event within 72 hours death. lay is necessary, al director. Page O DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the thins TO DEPU VS. A15ME

5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH							
e. COUNTY					ENCE (Where deceased		esidence before edmission)
	Vicomico	м	ARYLAND	a. STATE	ryland	b. COUNTY	comico
	f outside corporete limit				N (If outside corporate III		
write RURAL and	give neerest town)			1	Translate Corporate III	inis, with RORFIE one	give nearest town,
	lisbury			Salis	bury		
d. NAME OF HOSPIT	AL OR INSTITUTION (i	if not in hospitel, give street	eddress)	d. STREET ADDRE	SS		. IS RESIDENCE
Des 77 - 77		.31-337 (1.		1 000	n		ON A FARM?
	ra office	: Medical Co			East Road		YES NO
3. NAME OF DECEASED	First	Midd	dle	Last	4. DATE	Month	Dey Yeer
(Type or print)	Deborah	Frances	Mill	s	DEATH	10-6-61	19
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MA	ARRIED DE B.	DATE OF BIRTH		In yeers   IF UNDER 1 Y	YEAR   IF UNDER 24 HRS.
773	A		ORCED 🗍		lest b		leys Hours Min.
Tu.	G			2-1-59	1 2	yrs.	
loe. USUAL OCCUPATI	ON (Give kind of work	106. KIND OF BUSINES	S OR INDUSTRY	11. BIRTHPLACE (SI	ete or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
done doning most of wor	king ma, aven it leme	"		Ma must a	and a	11	.S.A.
13. FATHER'S NAME				Maryle			.D.A.
13: JATHER 2 NAME				14. MOTHER'S MAID	EN NAME		
Leon J.	Milla			Naome	Corbin		
15. WAS DECEASED EVE		CES?   16. SOCIAL SECURI	ITY NO.   17. IT	FORMANT	1 001 0111	Address	
Yes, no, or unkown)   (If			0	- 1 11		1	111.
San Carlo			100	n mills	- 900 Ga	of Road	dalla gn
1 18. CAUSE OF D	EATH [Enler only ona	causa per line (a), (b), e	pp (c).)	7 0-	A-	9 11-00	I INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:		4	50. 80. 0	X		ONSET AND DEATH
/	MMEDIATE CAUSE (a)_	acu			300		1-0
1 0454	DUE TO	0	-	00 10			12 hour
		$\Lambda X$	- 20	VX- I	hearte		1- 104
Conditions, if eny	(0)	100	~~~		X	7	
geve rise to immedia	DIJE TO						
(e), steting the ur							
	) (c)_						
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT NOT	RELATED TO THE TER	MINAL DISEASE CONDIT	ION GIVEN IN PART 1	PERFORMED?
2							YES NO
200. EXTERNAL CA	LICE WAS 1 2	Ob. DESCRIBE HOW INJUR	V OCCUPED IE-	too ontion of injury in	Part I as Dart II of Hom 10	1	11036
PART II. OTHER  20e. EXTERNAL CA PRIMARY OF CO		DE DESCRIBE HOW INJUR	T OCCURED. (En	ier natura of injury in	rem for ram it of item to	•1	
CAUSE OF DEATH.							
20c. TIME OF INJUI	RY Month, Day, Yes	ar   20d. INJURY OCCUR	PED   200 PLAC	F OF INTURY (Home I	erm, 20f. (City or tow	n) (Coun	ty) (Stata)
3 20c. TIME OF 114901	(1 Month, Day, 166	WhileNot While		y, streat, office bldg.,		ii) (Coun	(Siera)
	19	et work et work					
Hour a.m.	- 17	Caba ramaina danaiha	dahaya bal	Tunctuh an I	Inspection X	In autient IV	Could be seen as to take
Print	at I table about a		ad above, uelo	an Autobsy	inspection V	Inquiry X	and in my opinion
penne	at I took charge o	The femalis describe					
21. I certify th	at I took charge o rom: Natural ca	******	, Suicio	le , Homicio	le . Undetern	ined manner	
21. I certify th		******	, Suicio		_	ined manner	
21. I certify the death resulted for		******	, Suicio	CHIEF MEDICA	AL EXAMINER	ined manner	
21. I certify the death resulted for		******	, Suicio	CHIEF MEDICA	_	ined manner	DATE SIGNED
21. I certify the death resulted for ACTUAL SIGNATURE		Accident		CHIEF MEDICA	AL EXAMINER		4 -
21. I certify the death resulted for actual signature EXAMINER'S	Earl L.	Royer, M.I		CHIEF MEDICA  M.D. ASSISTANT N  DEPUTY MEDICA	AL EXAMINER ALEXAMINER ALEXAMINER ALEXAMINER	10-13	4 -
21. I certify the death resulted for actual signature EXAMINER'S NAME (Type)	Earl L.	Royer, M.I.	Salisb	CHIEF MEDICA  _M.D. ASSISTANT M  DEPUTY MEDICA  UP YANGE	AL EXAMINER	10-11	L-6 <b>1</b>
21. I certify the death resulted for actual signature EXAMINER'S NAME (7ype)	Earl L.  107 Ca	Royer, M.I.		CHIEF MEDICA  _M.D. ASSISTANT M  DEPUTY MEDICA  UP YANGE	AL EXAMINER ALEXAMINER ALEXAMINER ALEXAMINER	10-11	4 -
21. I certify the death resulted for actual signature EXAMINER'S NAME (7ype)  2e. BURIAL, CREMATIO REMOVAL (Specify)	Earl L. 1107 Cai	Royer, M. I mden Ave	Salish F CEMETERY OR	CHIEF MEDICA  _M.D. ASSISTANT M  DEPUTY MEDICA  UP YANGE	AL EXAMINER CALEXAMINER CALEXA	10-13	L-61 (State)
21. I certify the death resulted for actual SIGNATURE EXAMINER'S NAME (Type) 22e. BURIAL, CREMATIO REMOVAL (Specify) Burial	Earl L.  407 Caj  N, 22b. DATE THERE	Royer, M. I mden Ave. of 22c. NAME OF	Salish F CEMETERY OR	CHIEF MEDICAL  ASSISTANT A  DEPUTY MEDICAL  CREMATORY	AL EXAMINER CAL EXAMINER CAL EXAMINER CAL EXAMINER COUNTY)  22d. LOCATION (COUNTY)  POLKS	10-13	L-61 (State)
21. I certify the death resulted for actual SIGNATURE EXAMINER'S NAME (Type) 22e. BURIAL, CREMATIO REMOVAL (Specify) Burial	Earl L.  407 Caj  N, 22b. DATE THERE	Royer, M. I mden Ave	Salish F CEMETERY OR	CHIEF MEDICAL  ASSISTANT A  DEPUTY MEDICAL  CREMATORY	AL EXAMINER CALEXAMINER CALEXA	10-13	L-61 (State)
21. I certify the death resulted for actual signature EXAMINER'S NAME (Type) 22e. BURIAL, CREMATIO REMOVAL (Specify)	Earl L.  407 Caj  N, 22b. DATE THERE	Royer, M. I mden Ave. of 22c. NAME OF	Salish F CEMETERY OR	CHIEF MEDICAL  ASSISTANT A  DEPUTY MEDICAL  CREMATORY	AL EXAMINER CALE EXAMINER CALL EXAMINER CALE EXAMINER CALL	10-13	(State)  (State)  Md.

and market baries m. Tolla office: Domical Leaded Facility and to id-i-ul shrows affair angered shrows S Tom Tom 5.LTL .L 208 T - Tthe state of the s 107 Endesc Ave. Ishitating, dia.  TO HOST A OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Park 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH							
	DIVISION OF STATISTICAL R	CERTIFIC	ATE O	F DEATH	STREET, BAI	LTIMORE 1, MA	12029
_	PLACE OF DEATH	Items 7 & y #i	im G2	9 11/7/6	l iwk		Residence bafore admission)
1.	a. COUNTY		2.	USUAL RESIDENC n. STATE	CE (Where decease	b. COUNTY	(esidence batore admission)
	Wicomico	MARYI		MARYL	AND	W	comico
	<ul> <li>b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STA	Y IN 1b	C. CITY OR TOWN (I	foutside corporate	limits, write RURAL and	give naarast town)
S	ALISDURU	1 YEA	RX	SALISA	BURY		
/	d. NAME OF HOSPITAL OR INSTITUTION (IF	not in hospital, give street addre	55)	d. STREET ADDRESS		_	e. IS RESIDENCE
te	VINSULA Genera	AL. FLOSPITA	4 1	70 W.F.	AllEN	FARM	ON A FARM? YES NO
3.	NAME OF First	Middle		Last .	4. DATE	Month	Day Year
	DECEASED (Type or print)	/	ma	DP15	OF DEATH	KToher	29, 1961
5.	SEX   6. COLOR OR RACE   7	7. MARRIED ANEVER MARRIED	8. DAT	E OF BIRTH		E (In years   IF UNDER 1	
	0001 1/2000	Separated WIDOWED DIVORCED	_	unknown			Days Hours Min.
10	B. USUAL OCCUPATION (Give kind of work	105. KIND OF BUSINESS OR			55	yrs.	IZEN OF WHAT COUNTRY?
do	ona during most of working life, even if retired)	)	INDOSTRI II.	BIKTTIFEACE (COUNT	ly a State, or foreig	in country)	LEIN OF WHAT COOKING
12	FATHER'S NAME			unkno		un	known
13.	FATHER S NAME		14.	MOTHER'S MAIDEN	NAME		
Ï							
	<ul> <li>WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (lifyesgivewarordatesofser)</li> </ul>		). 17. INFO	RMANT		Address	
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying  DUE TO	Severy	Ken	al Come	plieu	elines	INTERVAL BETWEEN ONSET AND DEATH
	cause last. (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION						1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II or Par			am 10.)				
			nty) (State)				
1				1 1101	19, that (I) (we) last		
	saw the deceased alive on 20, 19, 19, and that death occured at M. from the causes and/on the date stated above.  22a. SIGNATURE  22b. DATE						
	alrie de alla phys.   MED. STAFF PHYS.   SIGNED						
	22c. PHYSICIAN'S NAME PROPERTY IN THE H	EARN		22d. ADDRESS N	Mi	usm	8V Selliche
2	REMOVAL (Specify) 10 3/	61 Do ma	Wed.	Short	Baltin	N (City, town or county	(State)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			D BY REGISTRAR	25b. REGISTRAR'S	
_				- Levit			

1 SERK FREE STRIPTING "加瓦"和加州 1832 JEEN TO HOSP A DESCRIPTION OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (led in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	, Attack to	AND STATE DEP	ARTMENT (	OF HEALTH			
	DIVISION OF STATISTICAL RESEAR	CEDTIEL ATE	OF DEAT		TIMORE 1, MARY	LAND	
	12037	CERTIFICATE	OF DEAT	П		2023	
1. P	LACE OF DEATH		2. USUAL RESID	ENCE (Where dacease	d livad, If institution, Reside	nca before admission)	
	Wicomico	MARYLAND	DE	LAWARE	SUSS	SEX	
Ь	CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOW	/N (If outsida corporata	limils, write RURAL and give	naaresl town)	
	SALISBURY	4WEEKS	SEAF	TO(RE)	RURAL	F-48	
10	NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give straet address)	d. STREET ADDR	ESS		a. IS RESIDENCE ON A FARM?	
	PENINSULA GENERAL	HOSPITAL	13 SE	Aford-la	UREL HWY	YES NO	
	NAME OF First	Middla	Last	4. DATE	Month Da	y Year	
	Type or print) HABBY JAME	S MULLI	IN	DEATH	CTOBER 26	196/	
5. 3	EX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED   8	. DATE OF BIRTH	9. AG	E (In years   IF UNDER 1 YEAR		
//	TALE WhITE WIDOWE	DIVORCED S	D1 4.19	00 5	yrs.   Months Days	Hours Min.	
10a. don	USUAL OCCUPATION (Giva kind of work during most of working lifa, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPUACE (C	County & Stata, or foraig	n country) 12. CITIZEN	OF WHAT COUNTRY?	
C	ARPENTER BUIL	DING CONIST.	DELAU	UARE	U	SA	
13.	FATHER'S NAME		14. MOTHER'S MAIL				
	JAMES A. MULL	IN	VERDIE	MESSI	CK		
15. (Yas	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. no. or unkown) (Ifyasgivawarordatasofsarvica)	OCIAL SECURITY NO. 17. 1	INFORMANT		Addrass RD#2		
	NO - DO	-07-860660	RTRUDE L	THE MULLI	N SEARCR	D DELALIARE	
	18. CAUSE OF DEATH [Enter only one cause per li	na for (a), (b), and (c).]	0			NTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CA	BCINOMA	1 WLA	DDEB	CYCLE CO.	ZAYAS	
	DUE TO				127, 111, 11		
- 1	Conditions, if any, which ) (b)						
	gave rise to Immediate cause (a), stating the underlying  DUE TO						
	causa last. (c)						
				DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
				YES NO			
	IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL			CE OF INJURY (Homa, tory, straat, offica bldg.		wn) (County)	(Stata)	
WED	Hour a.m. Whila at work		/				
21. I certify that (I) (this hespital) ettended the deceased from 9/27 196/., to 10/0					2/26, 1961,	that (I) (we) last	
	saw the deceased alive on 10/26 1961, and that death occurred at AM, from the causes and on the date stated above.						
	22a. SIGNATURE		ATTENDING	MED \$1	AFF/	22b. DATE	
	Loton On Osloyom III M.D. PHYS.   DIRECTOR   PHYS.   10/26/1961						
	22d. ADDRESS  NAME (Type)  DEDICAL CENTER OF CONTROL OF						
1.	JOHN M. BLOXOM	14-	MEDICA		B, JALISH		
23a.	BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Spacify)	23c. NAME OF CEMETERY		23d. LOCATION	(City, town or county)	(State)	
P	ORIAL 01 28,1961	DUD FELLILL	is CEM.	DEALD	ers, DECAU	HEE	
24	UNERAL DIRECTOR'S SIGNATURE	ADDRESS	-	REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN		
TC	uple 11. Watson -	SEAFORD, U	EL, DATE	OCT 3 0 '61	arithm 2. 1	latta .	
	U .						

- Balli PARTITION (IV) Another Personal Agencies The Theory of March 18 and March 18 and THE BOTH THE BEST WAR STORY LANGE DETAILS I SELECTED SELEC CHANGE STATE OF THE CONTRACT OF THE STATE OF CONTRACTOR DECEMBER OF THE PARTY OF THE PART

TO HOSP

VR A15 (4) 15M 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12024 12030

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution, Res	idence before edmission)				
Wicomico Maryland	• STATE Maryland b. COUNTY Que	en Anne's				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	give neerest town)				
write RURAL end give neerest town) Salisbury 60 days	Centreville					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE				
Deers Head	120 Kidwell Ave	YES NO NO				
3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer				
(Type or print) Mary Eliza	Pinder DEATH October	27 19 61				
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8.	DATE OF BIRTH 9. AGE (In yeers   IF UNDER 1 YE					
Female   White   WIDOWED   DIVORCED   J	TULY 77-1890 7/yrs. Months De	ys Hours Min.				
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?				
Housewife	Roak Hall Mayland.	UIA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Charles O Kendall	Florence A Dadds					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	NFORMANT	DI DI				
217-03-5772	Thul Pruder Cluberelle	Mary Caux				
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Recurrent cerebra	1 thrombosis	3 days				
LL LL 3 X DUE TO						
geve rise to Immediate causa	disease	Years				
(e), steting the underlying DUE TO	uisease					
couse lost. (c)	T DEL ATER TO THE TERMINAL PROPERTY CONDITION CHAPTER TO THE TOTAL PROPERTY OF THE TERMINAL PROP	THE WAS ALLTONSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	PERFORMED?				
Diabetes mellitus						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DIabetes mellitus  200. ACCIDENT WAS UNDERLYING   200b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING   CAUSE OF DEATH   200b. DESCRIBE HOW INJURY OCCURED. (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Pert I or Pert II of item 18.)					
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   2De. PLA	CE OF INJURY (Home, farm, † 2Df. (City or town) (County	y) (State)				
Hour a.m. While Not While factor	ory, street, office bldg., etc.)					
p.m. 19   et work     et work						
21. I certify that (I) (this hospital) attended the deceased fromAugust 28, 19.61 toOctober 271961, that (I) (we) last						
saw the deceased alive on., October. 26.19.61, and that death occurred at 2011. A, from the causes and on the date stated above.						
226. SIGNATURE 22b. DATE ATTENDING MED. STAFF , SIGNED						
1. Meluly M.	DUNG DIRECTOR DIVING W	10/27/61				
22c. PHYSICIAN'S NAME (Type) T. V. Maldye M. D.	22d. ADDRESS					
NAME (Type) L. V. Maldve, M. D. Deer's Head Hospital; Salisbury, Md.						
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C		(State)				
RESTOVAL (Specify) Oct 30.61 Charte	field Centreville	Vare Dand				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	7				
11 Jan Bouton of Santin Bear Venter	edl. Ne SpareNOV 2 '61 Julius X. 71	tions				

2285 See her Charles Kernelach Alexander At Ander 27 63-572- Potate Freder Charles Mill State ALTONOMICS SPRINGERS SERVICE TO THE PORT OF THE The the thing you had been all the second  TO HOSP At OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after of death. Page 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filed in by the funeral of detector, page 3 should be detected for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be juilt by the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	MARILAND STATE DEPARTMENT OF HEALTH	
	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DRE 1, MARYLAND
12039	CERTIFICATE OF DEATH	12025

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)				
	Miremie D MARYLAND	o. STATE Maryland b. COUNTY Dorchester				
/	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)				
	writa RURAL and give nearest town) Salisbury 1 day	Rhodesdale 09x-1				
- 1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   0. IS RESIDENCE				
0	to a sula la calilatat	R. F. D. ON A FARM?				
1	3. NAME OF THE First Middle	Last 4, DATE Month Dey Year				
- }	DECEASED Henrietta	Sampson OF COLD				
	FIONRIBIA	mb3011 0000 21- 1761				
	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8	DATE OF BIRTH  9. AGE (In yeers   IF UNDER 1 YEAR   IF UNDER 24 HRS.    In the state of the stat				
/	EMake Colored WIDOWED I DIVORCED	June 1, 1908   53/15.				
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	Housework Home	Dorchester Co., Maryland U.S.A.				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	David Jones	Margaret Manoky				
		NFORMANT Address				
	(Yes, no, or unkown) (Ifyesgive werordetes of service) NO Unknown D:	avid Ionos Phodosdalo Maruland DED				
	18. CAUSE OF DEATH [Enter only one cause at line for te), (b), and (c).]	avid Jones, Rhodesdale, Maryland, RFD				
	DART I DEATH WAS CALISED BY. ONSET AND DEATH					
	IMMEDIATE CAUSE (a) CHIMINE O GARCILLON CICCULON TALL					
	DUE TO MINING MILLIAM					
	Conditions, if eny, which geve risa to immediate ceuse					
	(a), stating the underlying DUE TO					
	ceusa last. (c) Allel Communication	(21, million) ange				
3	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19 WAS AUTOPS PERFORMED?					
~	208. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	YES NO 1				
	200. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Pert II of item 1B.)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm,   20f. (City or town) (County) (State)				
	at week at week	ory, street, offica bldg., etc.)				
		10:20 1011 10:21 1061 1011				
	21. I certify that (I) (this hospital) attended the deceased from	1997, to 1997, that (I) (we) last				
7		death occured at/12.13M, from the causes and on the date stated above.				
1	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED				
		D. PHYS. DIRECTOR PHYS. 10.25.6				
'n.	22c. PHYSICIAN'S 4. DBrigle	22d Appress frail Care Seal Malinture mal				
	N'A. Driere	- Monda Contra Manny "				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)				
	REMOVAL (Spacify) Burial Oct. 26.1961 East NewMark	et Cemetery   East New Market, Maryland				
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
1.	J. J. Framptom and Son, Federalsburg, Ma	aryland DATE OCT 30'61 arily S. Kraus				
	o. o. radipeoli and son, rederarshing, Ma	ITYTANO '				

and the chief in a cult of the electron - Willister Pillelin Courtement Color allaliers 15 25 12 15 15 with Land 3 100 or 100 minutes and a second of the second

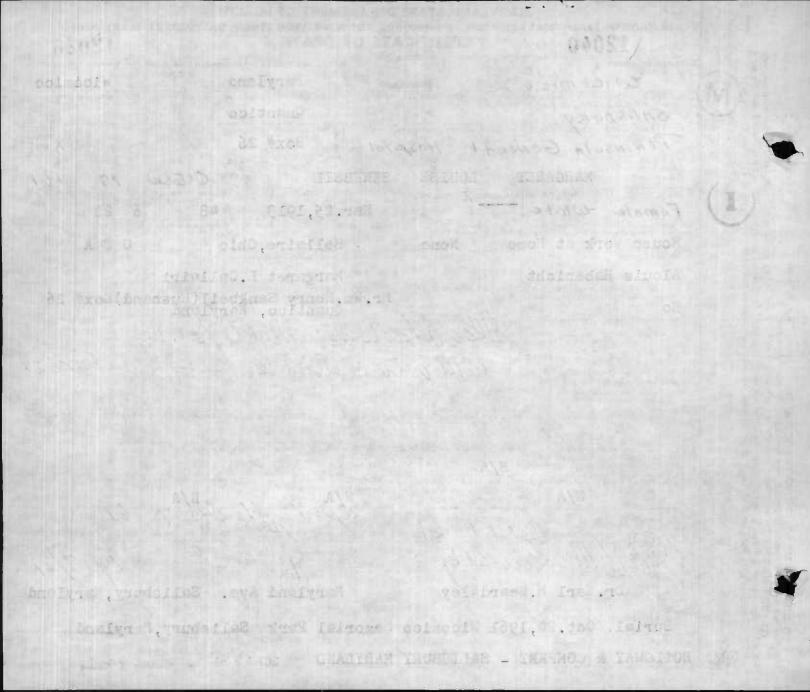
	MAKTLAND STATE DEPAKTMENT OF	MEALIM
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
12040	CERTIFICATE OF DEATH	1202

1. PLACE OF DEATH a	2. USUAL RESIDENCE (Where dacesad lived, If institution:	Residenca before edmission)
WICOMICO MARYLAND	. STATE Maryland b. COUNTY	Wicamico
b. CITY OR TOWN (if outside corporale limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL an	
write RURAL end give nearest town	Quantico	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE
Peninsula General Hospital	Bex# 26	ON A FARM? YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Year
	NKBEIL DEATH October	17 1961
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8	3. DATE OF BIRTH 9. AGE (In years IF UNDER	
	Mar. 25, 1913 Last birthdey) Months 6	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTR		TIZEN OF WHAT COUNTRY?
House Work at Home None	Bellaire, Ohio U	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	- · · ·
Alouis Habenicht	Margaret L.Callairi	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	15 11 01
(Yes, no, or unkown) (Ifyasgive werordetes of sarvice)	Wm. Henry Senkbeil (Hushand	)Box# 26
18. CAUSE OF DEATH [Enter only one couse per hine for (a), (b) and (c).]	Quantico, Maryland	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ome muly some	ONSET AND DEATH
DUE TO	1 1	
Conditions, if any, which ) (b) With Inta	Certifical expension	Smos.
geva rise to immediate cause	Court segi-	
(a), stating the underlying DUE TO		
ceuse lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T I(a): 19. WAS AUTOPSY
FARTIL OTHER SIGNAL CONDITIONS CONTRIBUTION OF SECULIAR STATE OF S		PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Part I or Pert II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (charles of mary in terms of terms of terms of	
20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm, 20f. (City or town) (Cottory, street, office bldg., etc.)	unly) (Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. N/A 19 at work at work at work	N/A N/A	
21. I certify that (I) (this hospital) atlended the deceased from.	april 16t, 1del 1,6	that (I) (we) las
	death occured A.L. M., from the causes and on	the date stated above
220 SIGNATURE		, 22b. ,DATE
XOVIVAU / apaillister	A.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	10/17/81GNED
220 HVSICIANIS	22d. ADDRESS	71101
NAME (TDr. Earl M. Beardsley	Maryland Ave. Salisbur	y, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
REMOVAL (Spacify)	morial Park Salisbury Mar	vland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
HOLLOWAY & COMPANY - SALISBURY MAR	OVT AND DATE OUT 1 0 101	
TUNGCTOWN - THE COURT OF THE COURT WAT	RYLAND DATE OCT 1 9 '61 Chilling	1. Huch

TO HOS?

ALOR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Prof. 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12042

12028

		COUNTY COMICO	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived	d. If institution: Reb. COUNTY	esidence before	admissian)
	t	c. CITY OR TOWN (If autside carporate limits, write RURA) and give nearest town)	c. LENGTH OF STAY IN 16 50 4RS	c. CITY OR TOWN	(If autside carporate)	imits, write RURAL	and give neare	st tawn)
		H. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	5 57			IS RESIDENCE ON A FARM? YES NO
	(	NAME OF DECEASED Type or print) FRMON WILL	LIAM TAYL	Last	4. DATE OF DEATH	OCT .	17 Day	Yeor 196/
	5. S	m W WIDOWE		DEC 38	1879 3	st birthdoy) Mai	nths Days I	Haurs Min.
	K	USUAL OCCUPATION (Give kind af work done 10b. during mast of warking life, even if retired)  GTHER'S NAME.	KIND OF BUSINESS OR INDU	11. BIRTHPLACE (S		PAILEN	2. CITIZEN OF W	VHAT COUNTRY?
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT  MAS WALT	CR F. (	Pool IN	G Chti	AS PLAKE TY MD
		PART I. DEATH   Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditians, if any, which gove rise to immediate couse (a), stating the under- lying couse last.	election	your leaster	Cade	Here	e onset	VAL BETWEEN
)	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS (		TE (BV)				PERFORMED?
	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	5.31 B- A				
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. 19 While of wor	Nat while fo	ACE OF INJURY (Hame, actory, street, office bldg.		awn)	(County)	(State)
		21. 1 certify that (I) (this hospital) attends aw the decepsed alive on 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)		M.D. ATTENDING PHYS. 22d. ADDRESS	WEB ST	causes and o		t (I) (we) lost stated above. 22b.DATE SIGNED
	230	BURIAL, CREMATION, 236. DATE THEREOF	23c NAME OF CEMETERY OF	OR CREMATORY	Shary	(City, tawn, or co	unty)	(State)
	24.	FUNERAL DIRECTOR'S SIGNATURE MITH FUNERAL HO	ME, SHARPT	DEWN, MB, DATE	REC'D BY REGISTRAR	25b. REGISTRAI	8. Hour	

ofter death. Page 4 the funeral directory should be filed with TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Epage 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Board of Health prior to burial, cremation, ar removal, and in any event within 72 hours after depth. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor

TO HOSPIT VR A15 (4) 15M 9/59 Colon Control

TO HOSPITA

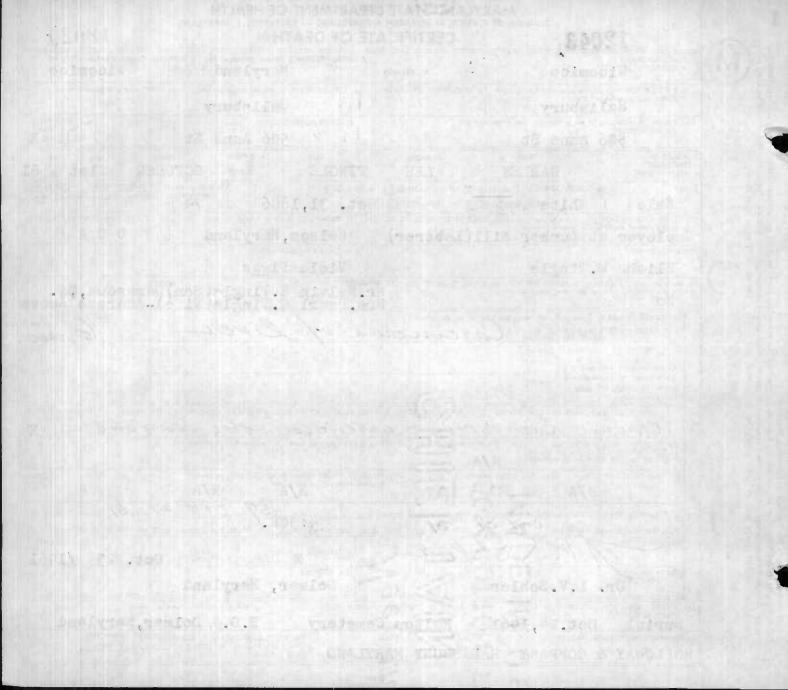
VR A1S (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12043

12029

)	a. COUNTY Wicomico	MARYLAND	a. STATE Marylan	d b. COUNTY Wicomico
	b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Salisbury	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpord	ate limits, write RURAL ond give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION 506 Anne St	street address)	d. STREET ADDRESS  506 Anne	e St e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First (Type or print) HARLE	Y LEE	TINGLE 4. DATE OF DEATH	OCTOBER 21st 19 61
	36 9 379 44		8. DATE OF BIRTH Oct. 31,1886	AGE (In years last birthday)  74 yrs.  IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Haurs Min.
	10c. USUAL OCCUPATION (Give kind of work dan during most of working life, even if refired)  Employee at Lumber	10b. KIND OF BUSINESS OR INDUS M111(Laborer)	Melson, Maryla	
1	Elisha W.Tingle		Viola Figgs	
/	1S. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, ar unknown) (If yes, give war or dates of service)	o) M:	r. Melvin E. Tinglers. Pearl Q. Tingle	e (Sen) Damascus, Md. e (Wife) - Address Above
	18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per liag for (a), (b), and (c).]	ea of live	INTERVAL BETWEEN ONS PAND DEATH
)	Chronic brown	ichitis - a	NOT RELATED TO THE TERMINAL DISEASE  THE SCALE OF THE D. (Enter nature of injury in Part I or Part	CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO NO
	20c. TIME OF INJURY Manth, Day, Year Haur a.m. N. A.	N/A	ACE OF INJURY (Hame, farm, 20f. (City of clary, street, affice bldg, etc.)	
	21. I certify that (I) (this haspital) of saw the deceosed oliver and the same saw the deceosed oliver and the same saw the deceosed oliver and the same saw that the saw that the same saw that the same saw that the saw	Oller	death occurred at PM, from the M.D. PHYS. MED. DIRECTOR DIRECTOR DIRECTOR DIRECTOR DEL MARY	he couses and on the date stoted obove.  STAFF PHYS.  Oct. 23 /1961  land
	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial  24. FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY O Melson C ADDRESS		
	HOLLOWAY & COMPANY		YLAND DATE	without S. thous



a. STATE

Maryland

c. LENGTH OF STAY IN 16

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

Wicomica

certificate

he

	220. BURIAL, CREMATION,	22b. DATE THEREC
	REMOVAL (Specify) Burial	10-16-61
1	23. FUNERAL DIRECTOR'S S	IGNATURE

SIMOL C: HELD

HILL & JOHNSON FUNERAL HOME, Salisbury, Md.

240 REC'D BY REGISTRAR Carling & thousa DATECT 1

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) 15 Mos Salisbury Salisbury d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ORNSTITUTION Hill Private Sanitarium ON A FARM? Woodland Road YES NO T NAME OF First Middle 4. DATE Last Manth Dov Year DECEASED OF DEATH (Type ar print) ALTCE 1961 TOADVINE October 9. AGE (In years last birthday) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs WIDOWED [ DIVORCED | Jan. 26. 1878 Female White vrs 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired School Teacher Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stephen P. Toadvine Martha Ruark IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Henry H. Hannah Jr. Woodland Rd, Salisbury, Md. No None 1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH stee Heart Desease PART I. DEATH WAS CAUSED BY: ucnou IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Parl II of item 1B.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day. Year 20d. INJURY OCCURRED 20f. (City ar tawn) (County) (State) factory, street, office bldg., etc.) a. m Not while at work of work p. m 21. I certify that I attended the deceased fram 1%el, that I last saw the deceased alive an and that death accurred at 2 M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE PHYSICIAN'S Wilbur R. Ellis Jr. 22d. LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stole) Parsons Cemertery Salisbury, Maryland **ADDRESS** 24b. REGISTRAR'S SIGNATURE

PLACE OF DEATH

Wi comi co

b. CITY OR TOWN (If outside carporate limits, write

o. COUNTY

physician. Bu

10 VS A1S (4) 1SM 9/S8

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12012

19024

14040		161101
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	esidence before edmission)
e. CQUNTY  MARYLAND	. STATE Maryland b. COUNTY Wic	omico
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and	
write RURAL end give neerest town)		
Salisburgy	Salisbury	La proincipalita
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
Ceningula General Nobita	/ 302 Blvd. (north)	YES NO
3. NAME OF First Middle Middle	Last 4. DATE Month	Dey Yeer
(Type or print) ALBERT EDISON	10 11 H DEATH (OR + O	19 19 (1
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1)	
T. MAKKED IN THE TER MAKKED	lest birthdey) Months I D	Peys Hours Min.
	Dec. 7,1910   50 yrs.	75.1.05.11/11/17 (01/17/17
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZ	ZEN OF WHAT COUNTRY
Asst Manager (Eastside Men's Club)	Pittsville, Maryland U	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Levin T.Truitt	Emma Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	INFORMANT OTHER MANAGES CO. 26	O N RISA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (Ifyesgive war or deles of service) W. W. #II	s. Hose Olive Truitt(Wife) 30	IN DIAG.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Salisbury, Maryland	I INTERVAL BETWEEN
	1 without	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6)  My ocar deal	rugerium	17 days
4201 DUE TO	at Dans	2
	aley Insease	
geve rise to Immediate cause (e), stating the underlying  DUE TO		
ceuse lest.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
Bunche meumone		YES NO
	D. (Enter neture of injury in Pert I or Pert II of item 18.)	YES NO
OR CONTRIBUTING CAUSE OF DEATH	D. (chief neture of injury in refi i of refi ii of flem 16.)	
N/A	ACT OF BUILDY (I)	-tus) (State)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Courtory, street, office bldg., etc.)	nty) (Stete)
p.m. N/A 19 at work et work	N/A, N/A	
21. I certify that (I) (this hospital) attended the deceased from	9/25, 196/ 10 10/12, 191	that (I) (we) las
saw the deceased alive on 10/12 1961, and that		
22e SIGNATURE	dean occaron and any months and on in	22b. DATE
At Oliver like / heli	ATTENDING MED. STAFF	SIGNE
	M.D. PHYS. DIRECTOR PHYS.	10/12/01
Pr. William D. Gray M.D.		har land
	Camden Ave. Salisbury, Ma	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, lown or county)	) (Stele)
Burial Oct.14,1961 Pittsville	Cemetery Pittsville, Ma	ryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
HOLLOWAY & COMPANY SALISBURY MAR	YIAND DAGCT 17'61 circles 8. the	ialla
TO THE TAKE OF THE PARTY WAREHOLD VILL LIKELY	The state of the s	

ompletely *tilled* in by the papers. Pages I and 2. the d 2 completel and cor carbon at, with I by the attending physician permit. Then please remove or removal, and in any even TO HOST L. OR ATTENDING PHYSICIAN: The law requires that the death death. For the may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and in VR A15 (4) 15M 9/60

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ithin 24 hours after

The law requires that the death certificate be

MESTERNIC CONTROL SOCI ddiamin miswall erl Edical svik sasiles Amalyn's, yrando Lin Comment of the party of the to every ward of the water The latest telephone of the contract of the co Title Cor. 14, 1961 sitteville usectery (100sville, Service)

STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEAR** CERTIFICATE OF DEATH funeral G299 JANAL RESIDENCE (Where decessed lived, If institution, Residence before admission) PLACE OF DEATH ICUMICO MARYLAND OR TOWN (If outside corporete limits, write RURAL end give neerest town) and b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 pletely (illed in by tapers. Pages 1 and 72 hours after deal SHOWELLS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress e. IS RESIDENCE YES NO 05 EN NAME OF 4. DATE DECEASED OF DEATH (Type or print) 10 carbon IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) pue Hours WIDOWED DIVORCED 0 physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) TEACHER SHOWELLS MPLOYED 13. FATHER'S NAME please = affending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then 'emoval, (Yes, no. or unkown) | (If yes give wak oildetes of service) SHOVVEU 18. CAUSE OF DEATH [Enter only one cause par tine for (a), (b), end (c). ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying has cause fest. PART II, OTHER SIGNEFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY certificate as 0 use 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. PLACE OF INJURY (Home, farm, 201. (City or town) (County) DIRECTOR: After 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer Not While factory, street, office bldg., etc.] While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from Common attended the deceased from the de plnods saw the deceased alive on. 22e. SIGNATURE ATTENDING MED. STAFF and PHYS. DIRECTOR PHYS. director, page 3 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY death. EMOVAL (Specify) EMATICN. [-4 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Cirthur & Thank '61 15M 9/60

ON A FARM?

19 61

PERFORMED?

NO Z

(Stete)

22b. DATE

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SIGNED

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2021 32031 M. W. College W. STEELS STATE OF THE STATE OF TH Taryon THOUSE THE Valley And Rose Take the Marie Valley M M Octo 30 1885 BRU FREHER, LAWYER SELE-CAPLERED SHEWELLS MID WILL I FRANCIS CITRUITY No No 21519-5603 Mes V. P. Tellion Cromagna 11/1/67 Les Crematics Martinizarion

STREET, BALTIMORE 1, MARYLAND DIVIS

	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMON	RE 1, MARTLAND
12047	CERTIFICATE OF DEATH	12033
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If	Institution: Rasidance before admission)

	a. COUNTY		a. STATE	b. COUNTY
-	Wicomico	MARYLAND	DelAWARE	Sussex
	<ul> <li>CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16		ata limits, writa RURAL and give nearast town)
2	SALISBURY		DAGSboRo	
5 >	MAME OF HOSPITAL OR INSTITUTION (if not i	n hospital, giva streat address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Peninsula Gener	2Al HOSpitAl	K.F.D.	76 X -3 YES 100
3.	NAME OF First	Middla	Last 4. DATE	Month Day Year
1	(Typa or print)	Dones	TI'C KO OC DEATH	October 23 1961
5	MICKESH	11/11/0	VICKERS DEATH 1. DATE OF BIRTH 19.	AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
,	F 1 1.11.10	THE VER MARKED		last birthday) Months Days Hours Min.
	1 (1111)	OWED DIVORCED	130/1903	8 yrs.
	a. USUAL OCCUPATION (Give kind of work on a during most of working life, even if retired)	Db. KIND OF BUSINESS OR INDUSTR	11. BIRMHPLACE (County & State, or fo	oraign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	HOUSEWIFE	DEI.	4.5.
13	HOUSEWIFE .		14. MOTHER'S MAIDEN NAME	
	CHARIFS BRA	SUPE	1. ALIRA (	ARFY
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address
(Y	as, no, or unkown) (Ifyes give war or datas of sarvica)	NONE H	ARLEY VICKE	RS - DASSRORD F
==	18. CAUSE OF DEATH [Enter only one cause	par line for (a) (b) and (c)	MAPLY VICE	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	7		ONSET AND DEATH
	IMMEDIATE CAUSE (0)	werm our		Tologs
	DUE TO	$\mathcal{D}$ $n$	~ 1 D. ~ V.	3 /
- 13	Conditions, if any, which (b)	Tulmonery	ata le clisio	o days
	(a), stating the underlying DUE TO	10 11	1 60	82
	causa lest.	Joshoperat	we) caeno-ca	Cervix uteri
Z	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY
15				PERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED	). (Entar natura of injury in Part I or Part II o	
ERT	OR CONTRIBUTING CAUSE OF DEATH			
		OD L INTUINY OCCUPATED L 20- PL	CT OF MILITY Have form 1 206 (City)	(Caraba) (Caraba)
SICAL			ACE OF INJURY (Home, farm, 20f. (City of tory, streat, office bldg., atc.)	or town) (County) (State)
MEDI	p.m. 19	st work at work		
	21. I certify that (I) (this hospital) a	attended the deceased from.	10/16, 19.61, 10	16/23, 1961, that (I) (we) last
	saw the deceased alive on	3 19.6 /, and that	death occured at S.A.M., from	the causes and on the date stated above.
	228/SIGNATURE	1		22b. DATE
	1 (On lance Chris	Toursell 1x	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. SIGNED
	22c. PHYSICIAN'S	· · · · · · · · · · · · · · · · · · ·	22d. ADDRESS	
	NAME (Type)		THE RESERVE AND ADDRESS OF THE PARTY OF THE	
22	la. BURIAL, CREMATION, 23b. DAJE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY   23d, LOCA	TION (City, town or county) (Stata)
1	TEMOVAL (Spacify)	DEDENEN	S A EMPTERY	ACCROPA - DEL
L	JURIAL 10/26/61	KI-DOIEN.	CEMEIERY DI	AJS BOKO JIEL
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTR	AR 256. REGISTRAR'S SIGNATURE
	Translet James -	Millskore D	Clef DAGCT 26'61	Citing & Krous

1000 LIE 2 AT STREET Les 1850 to Emerge Horgett - 155 D. The and the states a security as Familie White The State of the state of Herrich Deller Deller Deller CHARLES BRASHKE LAWRA CAME! NONE PHILES FIREINS - DASER BURGA CO POLICIES STEDBLESS CENERALLY IDAYS BURY - DESA Contest of the Contes

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12034

				1707
1. PLACE OF DEATH  o. COUNTY				stitution, Residence before edmission)
Wi comi.co	MARYLAND	e. STATE Marvl	and b. COUNTY	Somerset
b. CITY OR TOWN (if outside corporele limits,	c. LENGTH OF STAY IN 16		outside corporete limits, write l	
write RURAL end give neerest town)	016- 5 5			1919-1
d. NAME OF HOSPITAL OR INSTITUTION (if no	2Mos.5 Days	d. STREET ADDRESS	ield	e. IS RESIDENCE
		G. STREET ADDRESS		ON A FARM?
	State Hospital	Hopto	wn Road	YES NO X
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Yeer
(Type or print) Genev	9	Ward	DEATH Octob	per 21 19 61
5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers   I	
** * **	IDOWED TO DIVORCED	T 0/ 180	last birthday) 7	Months Days Hours Min.
Pemale   Negro   W	106. KIND OF BUSINESS OR INDUSTR	June 26 100	3	1 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)				
None 3. FATHER'S NAME	None	Some:	rset, Maryland	U. S. A.
2. TATITER 3 NAME		14. MOTHER'S MAIDEN	AWE	
Jayson Norfleet		Delia	Joyner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown)   (If yes give were redates of servi	? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
(10s, 110, of thicken) (if yes give well of the solsely)	1 10 - 1	Woonitel Page	ords Salisbu	bas Israel var
18. CAUSE OF DEATH [Enter only one cer		7	MAS DETTER	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	11.11.11	to a see from		ONSET AND DEATH
IMMEDIATE CAUSE (e)	but at	vi conco o d	w	- mon
J J J DUE TO	91 1-	1 1.0	- 1	
Conditions, if eny, which (b)	Delleralized	& are	riopeliros	es Diges.
geve rise to immediate cause DUE TO				1
(e), steting the underlying couse lest.				
	NS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(e)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING 200 OR CONTRIBUTING 2005 OF DEATH  1 (IF EITHER, NOTIFY MEDICAL EXAMINER)				PERFORMED?
				YES NO X
200. ACCIDENT WAS UNDERLYING   20 OR CONTRIBUTING   CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in F	ert I or Pert II of item 1B.)	
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m.		CE OF INJURY (Home, ferm		(County) (State)
Hour e.m.	While Not While fect	ory, street, office bldg., etc.		
		0/27/67	70/27/0	61
21. I certify that (I) (this hospital)				
saw the deceased alive on	21/.5-519, and that	death occured atL.	Z.M, from the causes a	nd on the date stated above
22e. SIGNATURE	4	ATTENDING M	20P.M. STAFE	22b. DATE
deida	soured "		IRECTOR PHYS.	October 21, 196
22c. PHYSIGIAN'S	1	22d. ADDRESS		
NAME (Type) Lee. L. L	awry. W.D.		Salisbury, Mary	rland
23e. BURIAL, CREMATION, 23b. DATE THEREO			23d. LOCATION (City, lown	
REMOVAL (Specify)				
Burial   OCT 25	1961 Asbury Ce		Crisfield	MD.
24 EUNERAL DIRECTOR'S SIGNATURE	S. LICE ADDRESS			STRAR'S SIGNATURE
Hollowy & lehre	Criskely m	DATE O	CT 25'61 CIA	Thur S. FireMA

TO HOS ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute within 24 hours after death.

S death.

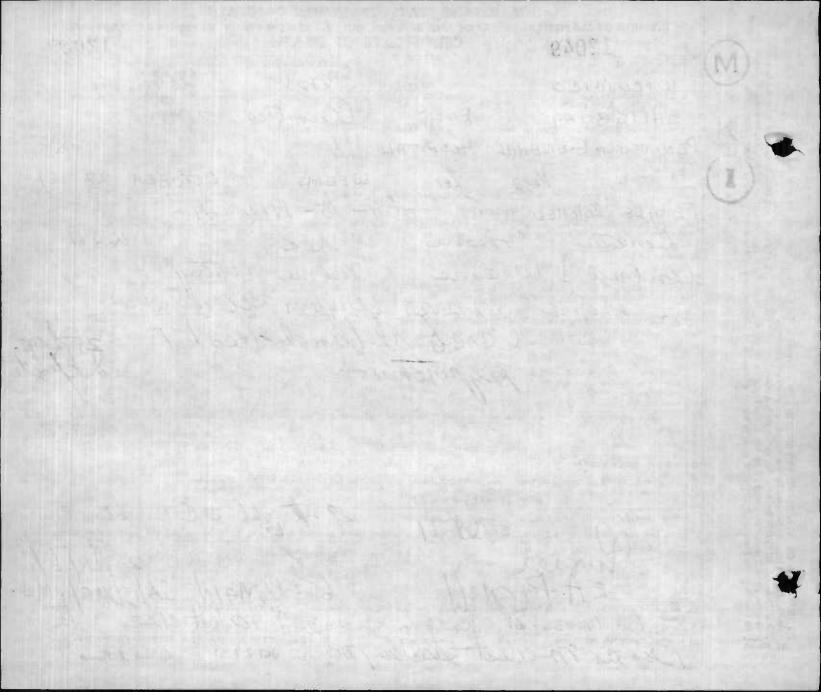
Yether this certificate has been signed by the attending physician and completely filled in by the funeral confidence of the detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be feached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

23032 The state of the s ETTER THE PURCE NOT SET IN STREET THE RESERVE OF THE PROPERTY OF THE RESERVE THE PROPERTY OF THE PARTY OF THE The stay of the st

MARYLAND STATE DEPARTMENT OF HEALTH 12049 funeral 1. PLACE OF DEATH e. COUNTY the d 2 WICOMICO MARYLAND death. by th b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town) led in lages 1 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) Pages HOSPITAL ENINSU NAME OF completel Middle DECEASED (Type or print) and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY g most of working life, even if retired) emedic 13. EATHER'S NAME aftending ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyes give war or detes of service) the 18. CAUSE OF DEATH (Enter only one ceuse par line for (e), (b) þ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) signed burial-transit DUE TO Conditions, if eny, which peen geve rise to immediate cause DUE TO (e), steting the underlying has ceuse test. the 9 certificate as use prior CERTIFI 20e. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH the may be retained by the DIRECTOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) ached 20c. TIME OF INJURY Month, Dev. Yeer Not While While Hour e.m. at work et work p.m. 99 21. I certify that (I) (this hospital) attended the deceased from...... pluods saw the deceased alive on..... 220. SIGNATURE M.D. FUNERAL ector, page 3 22c. PHYSICIAN NAME (Type) filed v 236 BURIAL) CREMATION, 236. DATE THEREO RIMOWAL の音品 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4)

15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) Weanure C\_GUY OR TOWN (If outside corporete limits, write RURAL end give neerest town) . IS RESIDENCE ON A FARM? YES NO 4. DATE OF 1961 DEATH FEMS 10B AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stete, or foreign country) MOTHER'S MAIDEN NAME INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO F 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) 190. (., that (I) (we) last ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS NAME OF CEMETERY OR CREMATORY LOCATION (City, town of county 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Kraus DATE



# FOR STATE HEALTH DEPT. please execute the cartificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funekal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2050 MED	DICAL EXAMINER'S	CERTIFICATE OF D	EATH	12036
1. PLACE OF DEAT	LH		2. USUAL RESIDENCE (Where dece		dence before admissio
	Wicomico	MARYLAND	e. STATE	b. COUNTY	
b. CITY OR TOWN	(if outsida corporeta limi	ts,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corpora	ete limits, write RURAL and gi	ve neerest town)
1 /	nd give neerest town)				
d. NAME OF HOSE	PITAL OR INSTITUTION (	f not in hospital, give street address)	d. STREET ADDRESS		. IS RESIDENCE
		,			ON A FARM
Penins	ula Genera	al Hospital	810 Church St		YES NO
DECEASED	rirst	Middle	Lesi 4. DATE OF	Month D	еу Үеег
(Type or print)	William	Graham Weil	and Sr. DEATH	10-16-61	19
5. SEX	6. COLOR OR RACE	Graham Weil: 7. MARRIED NEVER MARRIED 8	and Sr PATE OF BIRTH 9.	AGE (In yeers IF UNDER TYEA	
M	Tut		Feb. 4.1901	(est birthdey) Months Dey	s Hours Min.
10a. USUAL OCCUPA	TION (Giva kind of work	10b. KIND OF BUSINESS OR INDUSTR		ry)   12. CITIZEN	OF WHAT COUNTR
Linen	vorking life, even if retire	ElectricPower	New York	TT (	S.A.
13. FATHER'S NAME	HCC44	HICCOLICIOWEI	14. MOTHER'S MAIDEN NAME	U • K	J. A.
Cr	narles Wei	I and	Caroline Gr	a la a m	
		CES?   16. SOCIAL SECURITY NO.   17. 1			
	(If yes giva war or detes of se	ervice)		16 N. Main S	Street
no			s. Mary Weiland	Honeoye Fal	
		causa per lina for (a), (b), and (c).]			INTERVAL BETWEEN
PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Coronary occlus	ion		Sudden
117	DUE TO	ool ollary oocta,	31.011		Daddon
Conditions, if en	y, which ) (b)	Ambandasa Tanahi	Le heart disease	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	75
geve rise to Imme	diete ceuse	AP COPTOSCIONO.	re mean, or arease		Years
(a), stating that	undariying				
	FR SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NOTION GIVEN IN PART 1/2	19. WAS AUTOPS
OF .				The state of the s	PERFORMED?
5	241155 1446	December How bulley o college, if	the state of the s	40.1	YES NO X
PART II. OTH	ONTRIBUTING	DB. DESCRIBE HOW INJURY OCCURED. (	inter nature of Injury In Part I or Part II of its	ım 18.)	
20c. TIME OF INJ	URY Month, Day, Yee		CE OF INJURY (Home, ferm,   20f. (City o	r town) (County)	(Stete)
Hour a.m.		While Not Whila fact	ory, street, offica bldg., atc.]		
, p. 1111	that I tank shares a	f the remains described above, he	Id an Autopsy   Inspection	1. Insuin []	
and the state of the				-2/L	nd in my opinion
death resulted	from: Natural ca	uses K. Accident . Suic		nermined manner	
	6	K	CHIEF MEDICAL EXAMINER		
ACTUAL SIGNATURE	/and	LVh	M.D. ASSISTANT MEDICAL EXAMINER		DATE SIGNED
EXAMINER'S	Earl L. H	Royer, M.D.	DEPUTY MEDICAL EXAMINER	10-1	6-61
NAME (Typa)	107 Cer	nden Ave Salis	Address Street, city, town, or con	unity)	
22a. BURIAL, CREMATI					(Siele)
Duria	10/20/	1961 Honeoye Fal	ls Cemetery Hone	eoye Falls,	New York
23 FUNERAL DIRECT	gr 11	ADDRESS		R   246. REGISTRAR'S SIGNA	
/bomestle	allan D.	an cities Hal	10 AOCT 1 8 '61	0.1.1.0.1.	
77777	021	The same	and the same of th	1 Ciling & the	44

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physician and completely filled in by the funeral e remove carbon papers. Pages I and 2 should any even within 72 hours after death.

Then please remove

TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death death. Page may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. Then please be filed with the State Dept. of Health prior to burial, cremation, or removal, and in

TO HOSPI

VR A15 (4) 15M 9/60

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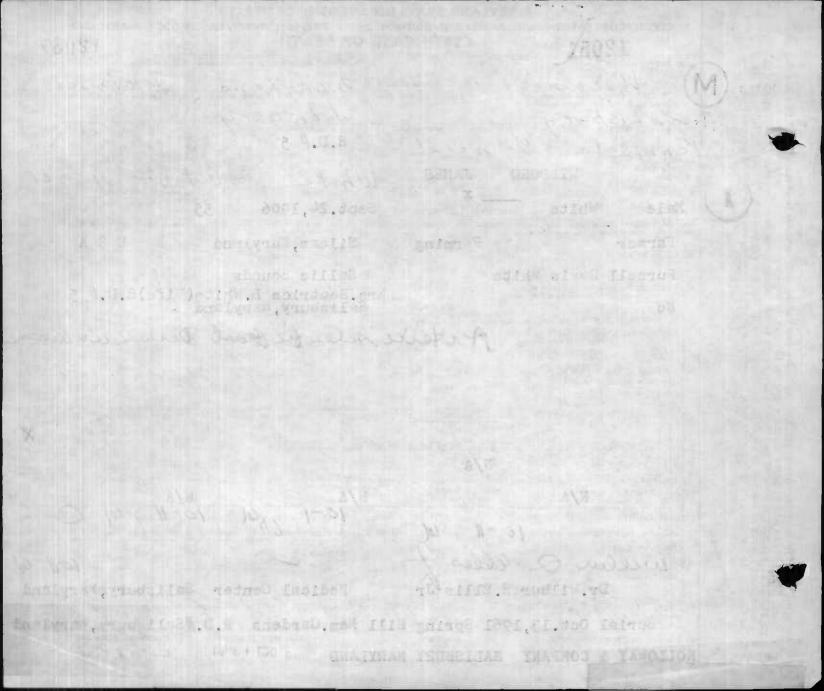
24 hours after

certificate be executed

death

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12051 12037

PLACE OF DEATH	2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission)
o. COUNTY	a. STATE / b. COUNTY
MARYLAN OF COUNTY OF STAY IN	THE STATE OF THE S
b. CITY OR TOWN (if outside corporeta limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Salisbury	Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
Peninsula General	R.D.# 5
3. NAME OF First Middle	Lest 4. DATE Month Dey Yeer
(Type or print) WILFORD JAMES	White DEATH October 1/ 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Sept. 24, 1906   55 yrs.   Months   Deys   Hours   Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad)	OUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Farming Farming	Siloam, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Purnell Davis White	Sallie Bounds
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) ((Ifyesgivewerordatesofservice)	Mrs. Beatrice L. White (Wire) R.D.# 5
No	Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Aclaratie Heart Desear Centerseer
IMMEDIATE CAUSE (a)	Heart of the Court
420,0 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause (e), stating the underlying  DUE TO	
cause lest. (c)	
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OF	PERFORMED?
T OO ACCIDENT WAS INDEED VINO 57 LOOL DESCRIPT VINO 200	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  206. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	URED. (Enter nature of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e While Not While et work at work	PLACE OF INJURY (Home, ferm,   20f. (City or town) (County) (Stete)
Hour a.m. N/A 19 While Not While et work at work	N/A N/A
21. I certify that (I) (this hospital) attended the deceased fr	
saw the deceased alive on	that death occured at L.H.M., from the causes and on the date stated above
22e. SIGNATURE	22b. DATE
113100 Q .0000 St	M.D. PHYS. DIRECTOR PHYS.
22e. PHYSICIAN'S	22d. ADDRESS
NAME (Type)Dr. Wilbur R. Ellis Jr	Medical Center SalisburymMaryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	
	11 Mem. Gardens R.D. #Salisbury, Marylan
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
HOLLOWAY & COMPANY SALISBURY MA	RYLAND DATE OCT 13'61 Chilling S. House



DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

c. LENGTH OF STAY IN 16

Middle

P.

DIVORCED |

7. MARRIED X NEVER MARRIED

None

Private Sanitarium

WIDOWED |

MADELYN

10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY

6. COLOR OR RACE

White

during most of working life, even if retired)
House Work at Home

Medford Phillips

MARYLAND

CERT	IFICA	TE	OF	DE	ATH

e. IS RESIDENCE

29th19

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

SA

Days

ON A FARM

YES NO

b. COUNTY Wicmmaco

Month

OCTOBER

Manths

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

9. AGE (In years last birthday)

Maryland

Salisbury

11. BIRTHPLACE (State or foreign country)

Greenmount Ave.

DEATH

Sussex County Delaware

4. DATE

d. STREET ADDRESS

Last

March 3,1904

14. MOTHER'S MAIDEN NAME

Janie Truitt

WILSON

B. DATE OF BIRTH

efter deoth. Page 4	the funeral director, should be filed with	(
TO HOSPITA: ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hour efter death. Page 4	moy be rety. If by the hospitol or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in the funeral director, page 3 should be detached for use as the burni-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with he State Board of Health prior to burial, cremation, or removal, and years, within 72 hours after Boath.	
ATTENDING PHYSICIAN: The low requires the	moy be rety. If by the hospitol or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filler page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages the Stote Board of Health prior to buriol, cremation, or removel, and in any event, within 72 hours after death.	
TO HOSPITA	TO FUNERAL DI poge 3 should the Stote Board	

Ħ	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	ve. salisi	Husbard)#78 Green- oury, Maryland Interval Between		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)	Elevis	Yrs		
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO TH	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 1		
CERTIF!	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  N/A				
MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a. m.  p. m. N/A  19  20d. INJURY OCCURRED While Nat while at wark at wark at wark	me, farm, 20f. (City ar tav	(Caunty) (State		
	21. I certify that (I) (this haspital) attended the deceased fram. 9.8:59 sow the deceased alive an 18-27. 1960, and that death occurred a		ouses and on the dote stated above		
	220. SIGNATURE M.D. ATTENDING PHYS.	MED. STA	FF. □ Oct. 30/1981E		
	22c. Physician's NAME (TypeDr. Henry A/Briele Medical		Salisbury, Maryland		
23a	Burial, Cremation, 23b. Date thereof Parsons Cemetery or Crematory Purial Oct.31,1961		Sbury, Maryland (State)		
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2S	Ga. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE		

12052 PLACE OF DEATH a. COUNTY Wicomico b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL (If not in haspital, give street address)

OR INSTITUTION Spring Hill 3. NAME OF DECEASED (Type or print) 5. SEX

Female

13. FATHER'S NAME

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